

# BURGE TERRACE CHRISTIAN SCHOOL

K3-Grade 6  Est. 2002

## Enrollment Application 2020-2021

### Personal Information

Student's Full Name (Last, First, Middle) \_\_\_\_\_ Age \_\_\_\_\_ Grade Applying For \_\_\_\_\_

Learning Readiness Center Program Requested:  Full Day  Half Day  M  T  W  Th  F

Residence Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_  
Home Phone \_\_\_\_\_ Preferred Email Address (This should be an email that is checked regularly as this is how we will communicate.) \_\_\_\_\_

Boy  Girl \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Birthdate \_\_\_\_\_ Birthplace \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Are you coming to BTCS based on someone's recommendation?  Yes  No If so, who? \_\_\_\_\_

**New Applicants: Please submit copies of your child's birth certificate and immunization record with this application.**

Parent's Marital Status:  Married  Divorced  Remarried  Single

Child lives with:  Father & Mother  Father  Mother  Other (Please explain: \_\_\_\_\_)

\*If the child does not live with both parents, please provide a copy of the legal custody arrangements.

### FATHER'S INFORMATION

Father's Full Name (Last, First, Middle) \_\_\_\_\_ Preferred Email Address (if different from above) \_\_\_\_\_

Residence Address (if different from child) \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Father's Home Phone \_\_\_\_\_ Father's Work Phone \_\_\_\_\_ Father's Cell Phone \_\_\_\_\_

Father's Place of Employment \_\_\_\_\_ Employment Position \_\_\_\_\_

### MOTHER'S INFORMATION

Mother's Full Name (Last, First, Middle) \_\_\_\_\_ Preferred Email Address (if different from above) \_\_\_\_\_

Residence Address (if different from child) \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Mother's Home Phone \_\_\_\_\_ Mother's Work Phone \_\_\_\_\_ Mother's Cell Phone \_\_\_\_\_

Mother's Place of Employment \_\_\_\_\_ Employment Position \_\_\_\_\_

### GUARDIAN INFORMATION IF OTHER THAN PARENT

Guardian's Full Name (Last, First, Middle) \_\_\_\_\_ Preferred Email Address (if different from above) \_\_\_\_\_

Residence Address (if different from child) \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Guardian's Home Phone \_\_\_\_\_ Guardian's Work Phone \_\_\_\_\_ Guardian's Cell Phone \_\_\_\_\_

Guardian's Place of Employment \_\_\_\_\_ Employment Position \_\_\_\_\_

## Christian History Information

Name of Church You Are Currently Attending \_\_\_\_\_

Years Attended \_\_\_\_\_

Pastor's Name \_\_\_\_\_

Attends church:  Regularly  Occasionally  Seldom

Does your child understand salvation?  Yes  No

## School History Information—New Applicants Only

School Last Attended \_\_\_\_\_

School Name

Street Address

City

State

Zip Code

Reason for Changing Schools \_\_\_\_\_

Has your child repeated any grade?  Yes  No If yes, please indicate grade \_\_\_\_\_

Has your child ever been expelled, suspended, or requested to leave any school?  Yes  No

## Statement of Cooperation

I understand that my child's attendance at Burge Terrace Christian School is a privilege and not a right. If at any time his/her conduct, academic progress, or cooperation with the school's authorities is not in keeping with the school's requirements, the school reserves the right to terminate my child's enrollment at its discretion. I agree with the school's efforts to train my child according to biblical principles and will encourage him/her in this and in all other phases of the curriculum. In accordance with the ministry policies of Burge Terrace Baptist Church, I know that Burge Terrace Christian School reserves the right to refuse admission to (or to dismiss) any student who adopts a belief system or lifestyle that is inconsistent with the teaching of Scripture.

I give permission for my child to take part in all school activities including sports programs and school-sponsored trips away from the school premises. I absolve the school from all liability in the event my child is injured at school or during any school activity. I authorize treatment of my child by a qualified and licensed medical doctor in the event of a medical emergency which, in the opinion of the attending physician, is needed to prevent endangerment to the child's life, disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to contact me.

I understand that I have the option to grant or deny permission for photographs of my child to be used in publications, social media and on the school website. If I grant permission, the school may use images of my child in publications, social media and on the website. If I deny permission, Burge Terrace Christian School will not photograph my child.

Yes, I give permission for my child's photograph to be used in publications, social media and on the school website.

No, my child's photograph may not be taken.

Signature of Father or Guardian \_\_\_\_\_

Print Name \_\_\_\_\_

Signature of Mother or Guardian \_\_\_\_\_

Print Name \_\_\_\_\_

(Note: If child lives with both parents/guardians, both signatures are required.)

## Statement of Financial Responsibility

I understand that I am responsible for all tuition and fees, as well as miscellaneous charges, that accrue on the above named student's account. Payments are due in the amount and on the schedule I have arranged with the school business office. My signature certifies that I have carefully read the school's Financial Information sheet.

Signature of Person Assuming Responsibility \_\_\_\_\_

Date \_\_\_\_\_

**Burge Terrace Christian School does not discriminate on the basis of race, color, and national or ethnic origin.**