



BETHEL CHRISTIAN ACADEMY

75 DON POLSTON DRIVE - EAGLE LAKE, FLORIDA 33839
863-875-5573 or 863-875-5572

Dr. Frank O'Harroll Sr. - Principal



STUDENT APPLICATION

Student's Full Name: _____

Address: _____

Date of Birth: _____ S.S.N. #: _____

Where Student was born: _____

E-Mail Address: _____

Mother's Name: _____

Mother's Address: _____

Mother's Home Phone #: _____

Mother's Cell Phone #: _____

Father's Name: _____

Father's Address: _____

Father's Home Phone #: _____

Father's Cell Phone #: _____

The student lives with:

Please circle all that apply & please list their name(s) below:

(Parents)/(Mother)/(Father)/(Grandparent)/(Court Order)/(Other)

Please list the individual(s) who can pick your child up below:

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Parent/Guardian Signature: _____ Date: _____