



Returning Student Enrollment Form

Betel Christian School

1315 West Lake Street ❖ Bartlett, IL 60103 ❖ (630) 736-7300 ❖ bcs@enbetel.com ❖ betelchristian.org

STUDENT INFORMATION

Date: _____

First Name: _____ Middle Name: _____ Last Name: _____

Address _____ City: _____ Zip: _____

Home Phone: _____ DOB: _____ Age: _____

Gender: Male Female Grade Applying for: _____

Please check all grades that student has previously attended Betel Christian School:

K4 K5 1st 2nd 3rd 4th 5th 6th 7th 8th 9th 10th 11th 12th

Has student ever had to repeat a grade? YES NO If yes, which grade(s)? _____

Are other siblings currently attending Betel Christian School? YES NO

If yes, please write sibling(s) name and grade:

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

With whom does the child reside? _____

FAMILY INFORMATION

Father's (Guardian's) Full Name: _____

Relationship to student: Father Stepfather Grandfather Legal Guardian Other: _____

Address (if different from student): _____

Cell Phone: _____ E-mail: _____

Employer's Name: _____ Work Number: _____

Mother's (Guardian's) Full Name: _____

Relationship to student: Mother Stepmother Grandmother Legal Guardian Other: _____

Address (if different from student): _____

Cell Phone: _____ E-mail: _____

Employer's Name: _____ Work Number: _____

The applicant's parents are: Married Divorced Separated Deceased

Are you as a family willing to commit to faithful attendance of Sunday School, Sunday morning and evening services,

Wednesday evening services, and soul-winning at Iglesia Bautista Betel? YES NO If no, please explain,

Which parent/guardian is responsible for the school bill? _____

Language(s) spoken at home: _____

The following adults are permitted to pick up the student from school:

Name: _____ Relationship to student: _____ Phone#: _____

Name: _____ Relationship to student: _____ Phone#: _____

Name: _____ Relationship to student: _____ Phone#: _____

Name: _____ Relationship to student: _____ Phone#: _____

Name: _____ Relationship to student: _____ Phone#: _____

Please be aware that in case of an emergency, student(s) will not be released to any person that is not listed on the space above.

EDUCATION

Name of last formal school the student attended: _____

Complete mailing address of the school: _____

Has the student ever been expelled/suspended from school? YES NO

If yes, please explain:

HEALTH INFORMATION

Does the student have any physical condition that might affect his/her safety or adjustment to school? YES NO

If yes, please explain:

Has the student ever had any problems with and/or been treated for use of any of the following?

Drugs Alcohol Tobacco Smoking Pornography Other: _____

Is the student taking any prescription medication at home on a regular basis? YES NO

If yes, please list the medication, dosage, and condition for the prescribed medication:

Has the student been hospitalized within the past 2 years? YES NO

If yes, please list date(s) and reason for hospitalization:

Has the student ever been treated for any nervous, mental, or any other psychological or emotional disorder?

YES NO

If yes, please explain:

Has the student received any psychological therapy/counseling? YES NO

If yes, please list the name(s) and phone number of the physician he/she was under treatment with along with the dates the student attended therapy:
