



# New 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: \_\_\_\_\_

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

Is the applicant's family, a faithful, tithing, active **member** of Iglesia Bautista Betel?     YES     NO

Has the applicant made a profession of faith?     YES     NO    If yea, please briefly describe in the applicants own words

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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: \_\_\_\_\_

What grade did they complete at that school? \_\_\_\_\_

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: \_\_\_\_\_

\_\_\_\_\_