

Mother or legal guardian: _____
(last) (first)

Stepfather (if applicable): _____

Address (if different from student's): _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ - _____ - _____ Work Phone: _____ - _____ - _____

Cell Phone: _____ - _____ - _____ E-mail address: _____

Employer's name: _____ Occupation: _____

Marital status (please circle): Single Married Separated Divorced Remarried Widowed

Names and ages of other children in family: _____

What is the primary language spoken at home? _____

Do you have Internet access at home or work that could be used to access grades, etc.? Yes No

Members of immediate and/or extended family attending or who have attended Bethany and their relationship to applicant:

Who is responsible for tuition payments? _____

Is there any reason you would be unable to make your tuition payments? Yes No
If yes, please explain:

Do you plan to apply for Financial Aid? Yes No

How did you hear about Bethany Academy? _____

Where do you currently attend church? _____

Why do you want your student to attend Bethany Academy? _____

In what ways do you see yourself involved in the educational process of your child? _____

In what ways do you see yourself volunteering at Bethany Academy? _____

Additional Family Information: Please provide additional parent information **not** already included in Family Information, i.e. non-custodial/joint custody parents, or additional stepparents. This is to ensure that all adults involved in parenting receive necessary information from the school. It is not necessary to repeat information from the previous page.

Name: _____ *Full Name: _____

Please check the following communications you would like them to receive:

- Monthly Newsletter (The Bugle)
- Report Card
- Student Handbook
- School Telephone Directory
- Edline account
- Fast News Updates
- General Mailing List

Relationship to student: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ - _____ - _____

Cell Phone: _____ - _____ - _____

E-mail address: _____

***If this information should be listed in the school telephone directory check here:** _____

Grandparent Information: Please complete this information only if you want grandparents to receive notices about our grandparents day for elementary students along with other applicable communication from the school.

Name: _____

Name: _____

Address: _____

Address: _____

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

Phone: _____ - _____ - _____

Phone: _____ - _____ - _____

E-mail address: _____

E-mail address: _____

Name: _____

Name: _____

Address: _____

Address: _____

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

Phone: _____ - _____ - _____

Phone: _____ - _____ - _____

E-mail address: _____

E-mail address: _____

Additional Applicant Information:

Applicant's ethnic background (not required and used only for statistical purposes):

- Hispanic/Latino African American Asian or Pacific Islander Native American Caucasian
 Multiracial Other: _____

Allergies: _____

Does the applicant take prescription medication of any type or have any health concerns that the school should be aware of? No Yes

If yes, please explain briefly below:

Has the applicant ever been suspended, expelled or denied admission to a school? Yes No
If yes, please explain:

Has the applicant ever had disciplinary difficulties? Yes No If yes, please explain:

Has the applicant ever been in trouble with the law, arrested, etc? Yes No
If yes, please explain:

Has the applicant ever used tobacco, alcohol or drugs of any kind? Yes No
If yes, please explain:

Has the applicant repeated any grades? Yes No If yes, which ones? _____

Applicant's grade average has been: A's (*excellent*) B's (*good*) C's (*average*) D's (*poor*)

Please list the applicant's interests, hobbies, talents, volunteerism, and awards – in and out of school – related to academics, the arts, athletics, church, community service, clubs and organizations:

Has the applicant ever received educational services/assistance or been seen by a learning specialist, school psychologist or other mental health professional? Please check any of the following that apply:

- | | |
|--|--|
| <input type="checkbox"/> Been diagnosed with ADD, ADHD, dyslexia, etc. (I.E.P.) | <input type="checkbox"/> Current Individual Education Plan |
| <input type="checkbox"/> Been tested an/or diagnosed as learning disabled | <input type="checkbox"/> Current 504 Plan |
| <input type="checkbox"/> Mental Health Services | <input type="checkbox"/> Physical handicaps or difficulties |

***If any of the above have been checked, please complete the "Special Education Questionnaire"**

Previous Educational Experience: *List the school(s) the applicant has attended in the last two years. Please be specific and include all information on previous schools.*

1. School: _____ Dates attended: _____

Address: _____ Phone: _____ - _____ - _____

Please address why you left: _____

2. School: _____ Dates attended: _____

Address: _____ Phone: _____ - _____ - _____

Please address why you left: _____

3. School: _____ Dates attended: _____

Address: _____ Phone: _____ - _____ - _____

Please address why you left: _____

4. School: _____ Dates attended: _____

Address: _____ Phone: _____ - _____ - _____

Please address why you left: _____

Application must be filled out completely before it can be processed. An application fee of \$125 must accompany **each** application. This fee is not refundable.

Bethany Academy admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school administered programs.

Questions for Application to grades 7-12 ONLY

(must be completed by the applicant)



Thank you for your interest in Bethany Academy, a school where faith and education come together. In order for our staff to better serve you, we are asking that you take a few minutes to answer the following questions:

Do you have a preferred name you go by? (i.e. Jennie, Alex, Matt, etc.) _____

What are your favorite subjects? _____

What subjects do you find difficult? _____

Where do you attend church? _____

Which of the following statements best describes you?

I attend church almost every Sunday and am actively involved in my church programs

I attend church regularly (2-3 times each month)

I attend church at least once a month

I seldom attend church (3-4 times each year)

Do you have a personal relationship with Jesus Christ? Yes No If yes, please explain:

Have you used drugs, tobacco, any other illegal/dangerous substance or had an alcoholic beverage in the last six months? Yes No If yes, please explain:

What are your interests outside of school? _____

In your own words, why are you interested in attending Bethany Academy? _____

Do you plan to participate in extra-curricular activities? If so, which ones? _____

Statement of Parent Support



We recognize that, as parents, we are fully responsible for our child. In placing our child in Bethany Academy, we place them under the authority of the school and will support the goals and standards of the school.

We agree to the following (*listed in no particular order*):

1. Pray for the ministry of the school, the staff and the children
2. Support the school with our time and abilities as needed and available
3. Support the staff in matters of discipline
4. Encourage our child in positive attitudes toward the school
5. Encourage our child in habits of promptness and cooperation
6. Follow through on any work assignments or forms to be signed
7. Call the sick line and/or send an excuse to report all absences
8. Cooperate in training our child to respect school property and pay for irregular abuse of same
9. Send our student to school dressed and groomed according to the dress code
10. Attend as many parent functions as possible
11. Contact the school immediately concerning any problem. We will not discuss a school problem with friends, other parents, or church members until it has been dealt with through the proper channels
12. Read and agree with the Bethany Academy Statement of Faith

Parents'/Legal Guardians' Signatures:

Father: _____

Date: _____

Mother: _____

Date: _____

Publication of Promotional Materials

Please check one of the following:

I give permission for photographs/video of my child to be used in Bethany Academy promotional materials including but not limited to brochures, posters, and websites.

I DO NOT give permission for photographs/video of my child to be used in Bethany Academy promotional materials. I understand that their photo may still be published in school/classroom newsletters when appropriate.

Parents'/Legal Guardians' Signatures:

Father: _____

Date: _____

Mother: _____

Date: _____

Special Education Questionnaire

Applicant's name: _____ Gender: M F
(last) (first) (middle)

Has your child ever been diagnosed with any special education disability? Yes No If yes, please explain:

Is your child now, or had your child in the past, been on any prescribed medication related to the disability? Yes No If yes, please explain:

What type of special education services or testing has your student received? _____

How long have these services been given? _____

If your child has a current I.E.P. (Individual Education Plan) or I.S.P. (Individual Service Plan), which school district is it with? Please attach a copy of the most current plan.

District Name: _____ District Number: _____

Who would we contact in your school district regarding the I.E.P. or I.S.P. and services given?
It is important to include the phone number

Name: _____ Phone: _____ Ext. #: _____

Please give additional information and/or comments you may think helpful in considering your child for enrollment:

Father's Contact Information:

Home: _____

Work: _____

Cell: _____

Mother's Contact Information:

Home: _____

Work: _____

Cell: _____

Signature of Parent or Legal Guardian: _____