APPLICATION FOR ADMISSION

This application does not assure acceptance, but provides information upon which a decision will be based.
The registration fee must accompany this application and is refundable if your child is not admitted.

STUDENT INFORMATION

Full Name _____ ____Female ____Male
First Middle Last

Home Address _____ Phone Number _____

City _____ State _____ Zip Code _____

Age _____ DOB _____ Grade for which admission is being sought _____

Last school attended _____

Is student currently or has student ever been expelled or suspended? _____Yes _____ NO

If yes, explain. _____

Is there a history of academic or behavioral problems? _____ Yes _____NO

If yes, explain. _____

Has student ever smoked, used alcohol or any other abusive drug? _____Yes _____NO

If yes, explain. _____

Written proof of age checked by:

- ❑ Birth certificate
- ❑ Other Explain _____

FAMILY INFORMATION

Father's Full Name _____
First Middle Last

Relationship to Christ _____

Mother's Full Name _____
First Middle Last

Relationship to Christ _____

Siblings & Ages _____

Church Attendance – Check One

- ❑ Regularly
- ❑ Occasionally
- ❑ Rarely

Name of Church _____

Address _____

Telephone Number _____

Pastor's Name _____

ENROLLMENT INFORMATION

Explain why you wish your child to attend Bethesda Christian School. _____

_____

_____

_____ _____
Father's Signature Date

_____ _____
Mother's Signature Date

Bethesda Christian Schools
7950 N. County Road 650 E. Brownsburg, IN 46112 (317) 858-2820 Fax: (317) 858-2819