

# Beltsville Adventist School

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## APPLICATION FOR ADMISSION

Application for Grade: \_\_\_\_\_ For School Year: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Child's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Present Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

Child lives with:  father  mother  stepfather  stepmother  guardian

Natural parents are:  married  separated  divorced  deceased

Please answer the following questions about the person with whom the child lives with.

### **Father, Stepfather or Guardian**

### **Mother, Stepmother or Guardian**

Full Name: \_\_\_\_\_ Full Name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Cellphone: \_\_\_\_\_ Cellphone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

Church Affiliation: \_\_\_\_\_ Church Affiliation: \_\_\_\_\_

Church Membership: \_\_\_\_\_ Church Membership: \_\_\_\_\_

Names and ages of brothers and sisters: \_\_\_\_\_

Schools you child has attended.

Preschool: \_\_\_\_\_ Kindergarten: \_\_\_\_\_

Grade School: \_\_\_\_\_ Junior High: \_\_\_\_\_

Name, address, phone of present school: \_\_\_\_\_

\_\_\_\_\_

Has your child experienced any difficulty with school in the past? \_\_\_yes \_\_\_no, please explain below.

Has your child been tested for learning disabilities? \_\_\_yes \_\_\_no, please explain below.

Has your child received psychological counseling? \_\_\_yes \_\_\_no, please explain below.

Is your child in good health? \_\_\_yes \_\_\_no, please explain below.

Is your child's eyesight good? \_\_\_yes \_\_\_no, please explain below.

Is your child's hearing good? \_\_\_yes \_\_\_no, please explain below.

Is your child taking medication? \_\_\_yes \_\_\_no, please explain below.

Is special care of any kind needed by your child? \_\_\_yes \_\_\_no, please explain below.

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Do you have an outstanding balance at any other school? \_\_\_yes \_\_\_no, where? \_\_\_\_\_

Please give three references which will help us know more about your child and whether BAS would be of benefit to him/her. **Please do not include relatives.**

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

3. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

**Please read carefully and sign below:**

Having fully and satisfactorily acquainted myself with the program, policies and regulations of Beltsville Adventist School, I herewith make application for admission of my child and pledge my wholehearted cooperation with the administrative and educational policies of BAS.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE ATTACH A COPY OF MOST RECENT REPORT CARD**