

STUDENT APPLICATION



Bible Center School

Preschool • Elementary School • Middle School

1111 Oakhurst Drive
Charleston, WV 25314
(304) 346-0431
www.biblecenterschool.com

Student Data

Name (last, first, middle)	Application Date	/	/			
Name That Student Prefers	Student Social Security Number	-	-			
Grade To Enter	School Year	20__	- 20__			
Sex	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE	Birth Date	Month	Day	Year
Ethnicity	<input type="checkbox"/> African American	<input type="checkbox"/> Asian	<input type="checkbox"/> Caucasian	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Native American	<input type="checkbox"/> Other

A certified birth certificate is required for admittance. A copy of the certificate will be made and placed in the student's file.

Name of Last School Attended	School Phone
Previous School Address	
Previous School City/State/Zip	
Has student been retained?	If yes, what grade?
Are there special circumstances regarding the student's general health or learning abilities?	
If yes, please explain.	

Family Information

Father's Name	Mother's Name			
Legal Guardian	<input type="checkbox"/> Both Parents	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> *Other
*If Other is checked, give Name and Relationship				
Student Lives With				
Address				
City/State/Zip		County		
Church Home	Attendance	<input type="checkbox"/> Regular	<input type="checkbox"/> Infrequent	<input type="checkbox"/> No Attendance
Father's Employer & Phone	Father's Mobile Phone			
Father's Pager	Father's E-mail			
Mother's Employer & Phone	Mother's Mobile Phone			
Mother's Pager	Mother's E-mail			
Home Phone	Home E-mail			
Siblings (include name, age and school)				
Referred by				

"...Telling to the generation to come the praises of the LORD, and His strength and His wonderful works that He has done."

Psalm 78:4

Emergency Information

List any health problems your child may have – i.e. seizures, diabetes, allergies, operations, etc.

List any ongoing medication your child takes:

In case of an emergency and we cannot reach a parent or guardian, list the names and numbers of three other people whom we may contact:

1st Name Phone

2nd Name Phone

3rd Name Phone

Medical Insurance Carrier Number

Pick-Up Information - The following individuals may pick up my child from school per my instructions.

Name Association Anytime – At My Personal Request

Name Association Anytime – At My Personal Request

Name Association Anytime – At My Personal Request

Admissions Checklist

The following items are necessary for enrollment to Bible Center School:

- _____ 1. A completed and signed application
- _____ 2. A personal interview with the administrator including student and parents or guardian
- _____ 3. A Teacher Recommendation Form if transferring from preschool or another elementary school
- _____ 4. A completed entrance test (all students entering kindergarten will take a readiness test - transfer students may be assigned an achievement test at the administrator's discretion)
- _____ 5. Transcripts from previous school (must be sent prior to final acceptance - partial transcripts may be used in certain circumstances)
- _____ 6. Registration fee (See *Tuition & Fee Schedule*)
- _____ 7. An original birth certificate
- _____ 8. An up-to-date immunization record
- _____ 9. A copy of student's Social Security Card

Information and Agreement for Enrollment

It is my desire to assist the school in its efforts to help my child grow spiritually, mentally, physically and socially. I will encourage him/her in all phases of the curriculum including Bible study.

Yes / No

I give permission for my child to take part in all school activities, including sports and school-sponsored trips away from the school premises. I authorize my child to ride as a passenger in a vehicle owned or leased by Bible Center Church and School. I understand that each individual field trip (off school premises) will require a parent or guardian signature prior to the event taking place. I understand that all possible precautions will be taken to insure the health and safety of my child and absolve the school from liability to me or to my child because of any injury to my child at school or during any school activity.

Yes / No

I understand that Bible Center School reserves the right to expel any child who fails to comply with the established regulations and discipline. I give permission to administer such discipline as the school deems wise and expedient for my child *with parental consent*.

Yes / No

I agree that any pictures taken of my child at Bible Center School may be used for promotional purposes, including stories, news, advertising, and church/school web sites.

Yes / No

I agree if emergency care is deemed necessary and I cannot be contacted, I authorize the staff member in charge to act on my behalf in granting permission for my child to receive emergency treatment.

Yes/No

One of the reasons Bible Center School exists is to teach and promote biblical values and lifestyles. While we do not require parents to subscribe to a doctrinal position, as an institution and a ministry of Bible Center Church, we devoutly hold to a core set of beliefs which form the basis of what we advocate and teach our students. These beliefs can be found in our doctrinal statement and are represented in the literature we publish about BCS. By enrolling your child(ren) at Bible Center School, you understand and consent to our efforts to teach these beliefs to them and to oppose the teaching of beliefs to the contrary.

Yes/No

I agree to pay tuition according to arrangements that shall be made to conclude all required payments on or before the end of the school year. I agree to pay any assessments that are made to cover damage to school property caused by my son/daughter. I agree to keep my financial obligations current (including any and all miscellaneous billing) and will contact the school office if a balance remains unpaid after the due date. I understand that students may not attend Bible Center School if a balance exceeds 60 days past due. I understand that report cards and cumulative records will be withheld if required payments are not made.

Yes / No

Signature of Parent/Guardian

Date

Child/Children's Name(s)

Print Name

Tuition & Billing

In order for the school to calculate tuition properly, the following information is needed:

Number of children enrolled in Bible Center School: _____ Kindergarten _____ Elementary
Are you a member of Bible Center Church? _____ No _____ Yes
Tuition Payments will be scheduled: _____ In Advance _____ Monthly

FOR OFFICE USE ONLY

Date of Interview with Administrator _____

Registration Fee _____

Date Paid _____

Check # _____

Health Forms Received _____

School Records Requested _____

Date Received _____

FFACTS FORM _____
