**Berean Christian Academy**

**Application for Enrollment**

**2023-2024**

**Phone # - 417-236-9088**

**Fax # - 417-236-9085**

**STUDENT INFORMATION**

**Student’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_M\_\_\_\_F\_\_\_\_**

**Last First Middle**

**Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_**

**Home Phone (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Birthdate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age\_\_\_\_\_\_\_\_\_ Grade for which child is applying\_\_\_\_\_\_\_\_\_\_\_**

**Allergies\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Describe your child’s academic successes and strengths:**

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**Describe any physical disabilities or allergies your child may have (heart, hearing, speech impediment, nervous conditions, learning disabilities, etc.)**

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**What hobbies or special interests does your child have?**

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**What was the last grade level your child completed? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Has your child ever been retained in the same grade? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If yes, which grade? \_\_\_\_\_\_\_\_**

**Why did your child leave the last school attended? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**List three references whom we may contact who know and have worked with your child:**

**Name: Address: Occupation: Phone:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Why do you want your child to attend Berean Christian Academy?**

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**What do you know about Berean Christian Academy?**

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**Has your child accepted Jesus Christ as his/her personal Savior? \_\_\_\_\_\_\_\_\_\_\_**

**Is your child enthusiastic about attending Berean Christian Academy? \_\_\_\_\_\_\_\_\_\_\_\_**

**Berean Christian Academy exists to help parents raise their children in the discipline and instruction of the Lord. Is this your commitment? \_\_\_\_\_\_\_\_\_\_\_**

**Explain:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Give any other information you feel will be helpful to us in understanding your child:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Enrollment History**

**School last attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Have all financial obligations to previous school attended been fulfilled: Yes \_\_\_\_ No \_\_\_\_**

**Has student ever been expelled, dismissed, suspended, or refused admission to another school? Yes \_\_\_\_ No \_\_\_\_ If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Has student ever been in trouble with the law, arrested, etc.? Yes \_\_\_\_ No \_\_\_\_ If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Has student ever used tobacco or drugs of any kind? Yes \_\_\_\_ No \_\_\_\_ If yes, please explain:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Please indicate academic level of student’s previous work:**

**Excellent \_\_\_\_ Good \_\_\_\_ Average \_\_\_\_ Poor \_\_\_\_**

**FAMILY INFORMATION**

**Father/Guardian’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Place of Employment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Business Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mother/Guardian’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Place of Employment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Business Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Telephone Number (other than those already listed):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Marital Status: Married \_\_\_\_\_\_\_Divorced \_\_\_\_\_\_\_Widow \_\_\_\_\_\_\_Separated\_\_\_\_\_\_**

**Child lives with:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Children (other than those applying for enrollment or presently enrolled)**

**Name: Address: Male/Female: Age:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Religious Information**

**Church Attending:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Pastor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Is Father a Christian? Yes\_\_\_\_ No\_\_\_\_ Is Mother a Christian? Yes\_\_\_\_\_ No\_\_\_\_\_**

**Do the student and at least one (1) parent attend a Bible-believing church one (1) or more times a week? Yes\_\_\_\_ No\_\_\_\_\_**

**Your Pastor must complete the information below:**

By my signature below I affirm that the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ family are regular members/attendees in good standing at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ church.

Pastor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Information**

**Family Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Are all immunizations current? Yes\_\_\_\_ No\_\_\_\_ If no please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**People Authorized to Pick up my Child from School**

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone# Phone#**

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone# Phone#**

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone# Phone#**

**Photography Consent Form**

**My/Our child may have pictures taken at any time and used for educational and promotional purposes in classroom pictures, website, newspaper, etc.**

**Parent’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PARENT PERMISSION TO GIVE “OCCASIONAL” OVER-THE-COUNTER MEDICATION**

Student Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Teacher\_\_\_\_\_\_\_\_\_\_Grade\_\_\_\_\_\_\_\_\_Over-the-Counter (OTC) medication are drugs that do not require a prescription and are purchased “over-the-counter.” This form is required before over-the-counter medication can be administered at school.

PLEASE INITIAL EACH MEDICATION FOR WHICH YOU ARE GIVING PERMISSION

I approve all medications listed below \_\_\_\_ I do not want any OTC meds given to my student.\_\_\_\_\_

TOPICAL: \_\_\_\_\_ Antibiotic cream (i.e. Neosporin) \_\_\_\_\_ Hydrocortisone cream (i.e. Cortaid)

\_\_\_\_\_Benadryl cream (i.e. Caladryl, Diphenhydramine)

ORAL: \_\_\_\_\_ Ibuprofen (i.e. Advil, Motrin) \_\_\_\_\_ Acetaminophen (i.e. Tylenol) \_\_\_\_\_ Cough Drops \_\_\_\_\_ Pepto Bismal

OTC medication will be given at the manufacturer’s recommended dosage. THE MEDICATIONS INDICATED ABOVE MAY BE ADMINISTERED TO MY STUDENT

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent of Guardian Date

**Process for securing medical attention**

**I agree that in the event that my child becomes ill or is injured while under school supervision, the following steps should be taken:**

1. **Contact a parent of the student and follow the instructions on how to proceed.**
2. **In the even neither parent can be reached, contact the student’s physician and follow his or her instructions.**
3. **If the student’s physician cannot be reached, the academy staff will use their own discretion in contacting a properly licensed physician and follow that physician’s instructions.**
4. **If the Berean Christian Academy staff feels the illness or injury is severe enough to warrant, they should first seek emergency medical treatment for the child.**

**A complete “Emergency Medical Treatment Authorization Form” will be kept in a separate file to be used in the event of an emergency only.**

**Parent’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Corporal Correction Authorization**

**The Berean Christian Academy has my/our permission to use corporal punishment on my/our child after my/our child’s teacher and administrator have considered other disciplinary action and have agreed it’s in the best interest of my/our child to use this form of correction. It is my/our understanding that the following guidelines will be followed when corporal punishment is to be administered. Therefore, I/we agree to support this Biblical approach to discipline.**

1. **The parents of the student will be notified immediately.**
2. **A teacher or Administrator will pray with your child and discuss Biblical application, as well as clearly discuss the offense.**
3. **A staff member of the same sex as your child will witness the punishment. The strokes will be reasonable in number, not to exceed three (3) and will be administered by a parent/guardian, teacher, or administrator (of the same sex) using a flat board paddle.**
4. **Physical restraint will not be used. However, the child may be asked to withdraw from the school if submission to the paddling is refused.**
5. **After administering the discipline, the person responsible for the correction will pray with your child, assuring him/her of their love.**
6. **A report including the date, offense, number of strokes, and name of individual doing the correction will be filed in the office. A copy will be sent to the parents.**

**Father/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mother/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Statement of parental and academy responsibility**

**If my/our child is accepted, I/we will assume responsibility for my/our child’s education by supervising assigned homework and keeping in regular contact with my/our child’s teachers.**

**If my/our child is accepted, I/we will support to the best of my/our ability, the academy’s entire program through prayer, time, and financial gifts.**

**If my/our child is accepted, I/we will support the disciplinary standards of the school.**

**Parent’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FINANCIAL AGREEMENT**

**I/we understand that there is an enrollment fee of $50.00 per student, if enrollment forms are received by June 1st. After June 1st, the enrollment fee is $100.00 per student.**

**I/we understand that the cost of tuition is: (check which one applies for this applicant)**

**$3,650.00\* per year for first child (Curriculum is included)**

**$3,650.00\* per year for second child (Curriculum is included)**

**$3,650.00\* per year for third child (Curriculum is included)**

**I/we will pay (check one);**

**The total due on August 1st**

**10 monthly installments beginning August 1st, (multiple payment plans require a checking/saving account and the completion of a bank draft).**

**Date of withdrawal is the 15th day of the month.**

**I/we understand that additional fees will be billed on the first of each month and are in addition to the tuition.**

In the event that a student's enrollment should terminate prior to the end of the school year, leaving a credit balance against their account, a refund equal to the credit balance, less any discounts, will be issued within 90 days of the student's termination date, unless a separate debt exists on an account affiliated with the same financially responsible party. In such cases, the credit balance will be applied against the existing debt, with any remaining balance refunded as described above. Students leaving beyond the mid-point of the semester owe for a full semester.

If a student needs to take additional coursework that goes beyond what we would consider to be a normal academic load, then we will consult with the family and bill accordingly.

Any payment not received by the end of the month will result in the parents being asked to remove the student(s) from school until the balance is brought current.

Should a check or ACH be returned to our office because of insufficient funds, a $25 fee will be charged, parents will be notified to come in, make cash payment, and pick up the returned check.

**AGREEMENT**

**I/we agree to meet the financial obligations as outlined above and will submit to program requirements.**

**Father/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mother/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Legal Custody Policy**

1. **A single parent, grandparent, or a foster parent must provide written documentation of the legal custody of the child/children enrolled, i.e. a court decree or private settlement agreement.**
2. **Only the person who has legal custody of the child/children has the authority to make decisions regarding the child’s/children’s education.**
3. **If divorced parents share legal custody of the child/children, with written documentation provided the school, both parents must agree on decisions relating to matters of education and medical care.**
4. **Grandparents and foster parents still need approval from the child’s/children’s parents regarding educational decisions.**
5. **Legal custody of the child/children must be established before enrollment is completed.**

**All legal custodians must:**

1. **Sign the school enrollment contract.**
2. **Foster parents must provide the school with legal papers that show they have legal custody and authority to make educational decisions for students enrolled.**
3. **If a foster parent does not have sole legal custody, signed authorizations from both non-custodial parents and from the foster parents must be provided for children who are enrolled.**
4. **If a grandparent is merely a baby sitter and does not have legal custody, the school enrollment contract must be signed by both the parents and the grand-parents.**
5. **Enrollment will not be complete until permission to enroll the child/children is given, in writing, by the parent named in the official custody papers as having authority to make decisions regarding the child’s/children’s education.**
6. **Any restrictions in the official custody papers, not in keeping with official school policy, will negate enrollment. Such restrictions might include after school pick up, free exercise of religious instruction, and standard of conduct.**
7. **Written directions in the official custody papers regarding the parent to (1) call in an emergency, if the child fails to attend school, or if there is a discipline problem; (2) receive school notices; and (3) access the student’s records will be followed.**
8. **If a non-custodial parent is unavailable or the whereabouts are unknown, the person with legal custody must provide a signed affidavit disclosing such details and give information about plans to sever the absent parent’s right to legal custody.**

**Student Standard of Conduct**

**Do you accept the Bible as God’s Word and submit yourself to its principles as a final authority in every area of your life? \_\_\_\_\_\_\_\_\_\_\_**

**Will you promise not to draw, wear, or display in any way anti-Christian symbols? \_\_\_\_\_\_\_\_**

**Will you agree to dress according to the uniform guidelines and hair code? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Will you agree to dress in public in a manner that will be a consistent, daily example of our Lord Jesus Christ? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Will you honestly agree to keep all the school rules and respect authority without being critical and finding fault? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

General Policy:

Students are expected to abide by these standards of conduct throughout their enrollment whether at home, church, or elsewhere.

Students found to be out of harmony with the school’s ideals of work and life may be invited to withdraw whenever the administration determines it is necessary.

As a student of Berean Christian Academy, I pledge to uphold this school’s standards against cheating, swearing, smoking, gambling, drinking alcoholic beverages, using or talking favorably about narcotics, or using indecent language, and will act in a very orderly and respectful manner. I will maintain Christian standards in courtesy, kindness, morality, and honesty. I will strive to be of unquestionable character in dress and other areas of life.

I agree to abide by the above standards of conduct and other regulations expected of each student enrolled in the Christian education program while I am a student attending this school and will not give the impression to students, parents, or faculty that I am not in harmony with the goals, aims, and standards of the school.

**Student:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Father/Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mother/Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Admission Procedure**

1. **Please complete and return Student Enrollment Application, Emergency Medical Treatment Authorization Form, and the ACH authorization form to the Berean Christian Academy office or mail to: PO Box 506**

**Monett, MO 65708**

1. **You must fill out one enrollment application for each student. If you need additional student applications please let us know.**
2. **The enrollment fee of $50.00 must accompany this application, if returned by June 1st. If enrollment application is returned after June 1st, the enrollment fee is $100.00.**

**By signing we indicate that we have read the Family Handbook, and agree to abide by the policies and procedures of the Berean Christian Academy. We have thoroughly read this application and the answers written herein are sincere and true.**

**Father/Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mother/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Direct Debit Authorization

Berean Christian Academy

VOIDED CHECK MUST BE ATTACHED TO THIS APPLICATION

* NEW ENROLLMENT OR RE-ENROLLMENT:

I hereby authorize the initiation of Direct Debit entries to the account indicated below, and authorize the initiation of such credit entries to said account as may be necessary to correct any erroneous entries.

* CHANGE BANKING INFORMATION: Please change my Direct Debit Authorization as noted below.

Name: Social Security #:

Routing Number Account Number

Type of Account (checking or savings)

This authorization will remain in effect until written notification of its termination is received in such time and such manner as to give a reasonable opportunity to act upon it.

Signature: Date:

Berean Christian Academy

2023-2024 Field Trip Permission Slip

I understand that throughout the academic year my son/daughter \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, in grade \_\_\_\_\_, may have the opportunity to participate in school related, off campus trips. I understand that a faculty member(s) and/or staff member(s) from Berean Christian Academy will supervise all these trips and that my child will be transported in private or church owned vehicles. I request that my child be allowed to attend all such field trips that he/she is eligible to attend.

Berean Christian Academy will issue prior notice to all trips and, should I not want my child to attend a specific off-campus, school related trip, I understand that it is my responsibility to notify the teacher and/or office administration, regarding my request to withhold my child from the trip. I also authorize any medical treatment in case of an emergency, and agree that I am responsible for the cost of such treatment.

The undersigned agrees to release, hold harmless and indemnify Berean Christian Academy, its agents, representatives and employees from all claims, damages, or other liabilities for injuries we have or my child has which are not the result of gross negligence, intentional neglect or willful or wanton conduct by the school, or its agents, representatives, or employees.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

Please fill out and return this form with the enrollment application to the Berean Christian Academy school office.