



BELLEVUE CHRISTIAN SCHOOL

New Student Application

PARENT/GUARDIAN LAST NAME _____

<u>Student(s) Full Name to be Enrolled</u>	<u>Birthdate</u>	<u>Grade to Enter</u>	<u>Ethnicity</u>
1. _____	_____	_____	M/F
2. _____	_____	_____	M/F
3. _____	_____	_____	M/F
4. _____	_____	_____	M/F

FATHER /GUARDIAN'S NAME _____ **SSN** _____

Address _____

City _____ State _____ Zip _____ DOB _____

Phones: Cell _____ Email _____

Employer _____ Phone _____

Employer Address _____

Marital Status () married () widowed () divorced () separated () remarried () single

MOTHER /GUARDIAN'S NAME _____ **SSN** _____

Address _____

City _____ State _____ Zip _____ DOB _____

Phones: Cell _____ Email _____

Employer _____ Phone _____

Employer Address _____

Marital Status () married () widowed () divorced () separated () remarried () single

CHURCH INFORMATION Does your family attend church? _____ YES _____ NO _____ Sometimes

Church Name _____ Pastor _____

Please list up to three names (other than mother/father/guardian) of those authorized to pick up your child(ren).

Name _____ **Phone** _____

Relationship _____

Name _____ **Phone** _____

Relationship _____

Name _____ **Phone** _____

Relationship _____

Medical Information:

Physician _____ Phone _____

Address _____

Dentist _____ Phone _____

Address _____

FINANCIAL COMMITMENT

PARTY RESPONSIBLE FOR PAYMENT _____

Mailing Address _____ Email _____

City _____ State _____ Zip _____

Relationship (if other than parent) _____

Enrollment Fee \$ _____ Toddler/PS/PK = \$200 K – 5th grade = \$350 6th – 12th grade = \$500
Family Cap \$1,000 (K-12th) Fee is non-refundable or transferable.

Tour Coupon \$ _____ - 50

Tuition Due \$ _____ See Rate Sheet

ETC \$ _____ School Hours + (6:30-6:00 pm Monthly Rate) or Hourly \$9.00 rate
Extended Time Care

Total Paid Today \$ _____ Cash Check #: _____ Credit Card

REQUIRED Name as it appears on card _____

Credit Card # _____

Expiration Date _____ V-Code _____ (final 3-digits on back of card)

VISA MasterCard Discover

PAYMENT PLAN - Please check one preferred plan:

10 Monthly Payments (August-May)

1 Payment (1.5% discount for Credit Card or 3% Discount for cash if paid by August 1st)

The Enrollment Fee is NON-REFUNDABLE/NON-TRANSFERABLE. Final enrollment is based upon submission of all paperwork, fees and acceptance to Bellevue.

I understand all payments must be paid on or in advance of due dates and that my account must be current before records can be released. I understand I will receive a statement by email, and that it is my responsibility to make timely payments. **Failure to meet my payment schedule will result in charges made to my credit card, including late fees.** Past due accounts may result in the dismissal of my child.

I have read and understand this application and all of the answers are accurate to the best of my knowledge.

Parent's Signature _____

Date _____

Please Note: This information will remain confidential.

NEW STUDENT INFORMATION

1st Student Name

School Last Attended _____ Phone _____

Address _____ City _____ State _____ Zip _____

Describe any learning disabilities. _____

Explain any suspensions, expulsions or grade repeats. _____

What sports/activities is student involved in? _____

List any use of illegal drugs, alcohol or tobacco? _____

Does the student have a personal relationship with Jesus Christ? YES NO

2nd Student Name

School Last Attended _____ Phone _____

Address _____ City _____ State _____ Zip _____

Describe any learning disabilities. _____

Explain any suspensions, expulsions or grade repeats. _____

What sports/activities is student involved in? _____

List any use of illegal drugs, alcohol or tobacco? _____

Does the student have a personal relationship with Jesus Christ? YES NO

3rd Student Name

School Last Attended _____ Phone _____

Address _____ City _____ State _____ Zip _____

Describe any learning disabilities. _____

Explain any suspensions, expulsions or grade repeats. _____

What sports/activities is student involved in? _____

List any use of illegal drugs, alcohol or tobacco? _____

Does the student have a personal relationship with Jesus Christ? YES NO

4th Student Name

School Last Attended _____ Phone _____

Address _____ City _____ State _____ Zip _____

Describe any learning disabilities. _____

Explain any suspensions, expulsions or grade repeats. _____

What sports/activities is student involved in? _____

List any use of illegal drugs, alcohol or tobacco? _____

Does the student have a personal relationship with Jesus Christ? YES NO