



BELLEVIEW CHRISTIAN SCHOOL

Student Enrollment

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

FATHER /GUARDIAN'S NAME _____ **Phone** _____
Address _____
City _____ **State** _____ **Zip** _____ **DOB** _____
Email _____
Employer _____ **Phone** _____ **Employer Address** _____
 Marital Status () married () widowed () divorced () separated () remarried () single

MOTHER /GUARDIAN'S NAME _____ **Phone** _____
Address _____
City _____ **State** _____ **Zip** _____ **DOB** _____
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** _____

Medical Information:

Which hospital you would like your child to be sent to, or check closest*:
Hospital Name: _____ **Ph #** _____
Hospital Address: _____ **City:** _____

_____* Closest Hospital: North Suburban Medical Center 9191 Grant Street, Thornton, CO 80229 (303) 451-7800

Doctor/Clinic: _____ **Ph #** _____
Address: _____ **City:** _____
Name of Insurance Company: _____ **Policy #:** _____
Date of Last Medical Visit: _____ **Medical Issues or Allergies:** _____

Dentist/Clinic: _____ **Ph #** _____
Address: _____ **City:** _____
Name of Insurance Company: _____ **Policy #:** _____
Date of Last Dental Visit: _____ **Dental Issues:** _____

Eye Doctor/Clinic: _____ Ph # _____

Address: _____ City: _____

Name of Insurance Company: _____ Policy #: _____

Date of Last Eye Exam: _____ Vision Issues: _____

Therapies or Support Services your child is participating in such as Speech, Behavioral, Physical, Auditory, Visual, Occupational, Etc:

In the event that your child is ill/injured at school, who should we call? Please number 1st, 2nd, 3rd the following people who are allowed to pick up my child. We do require ID for verification.

___ **Mother's Name:** _____ Cell Ph# _____

___ **Father's Name:** _____ Cell Ph# _____

___ **Additional Person:** _____ Cell Ph# _____

Address: _____

Work Place: _____ Work # _____

Work Address: _____ City: _____

Relationship: _____

___ **Additional Person:** _____ Cell Ph# _____

Address: _____

Work Place: _____ Work # _____

Work Address: _____ City: _____

Relationship: _____

___ **Additional Person:** _____ Cell Ph# _____

Address: _____

Work Place: _____ Work # _____

Work Address: _____ City: _____

Relationship: _____

_____ **Please check if NO ONE else may pick up my child.**

Parent/Guardian Signature _____ Date: _____