Bethel Baptist School

Application for Enrollment – International Student

Please print clearly using black or blue ink.

Today's Date ____/____/20____

Enter the grade for which student is applying here→ [ ]

Student Information

Name ***exactly*** as it appears on passport ______ English Name (if any) ______ SEVIS ID# (if any) ______

Country of Birth ______ Country of Citizenship ______ Date of Birth (mm/dd/yyyy) ____/____/____ Age ______ Gender (M / F) ______

Complete Address in Home Country ______ City ______ Country ______

U.S. Address (if any): Number & Street ______ City ______ Zip Code ______

School Last Attended ______ Grade Average ______ List Allergies and/or Prescription Medications Taken by Student ______

How many years will your child study at Bethel Baptist School? ___________

Has your child ever been promoted more than one grade in a year? Yes No If yes, when? ___________

Has the student ever repeated a grade? Yes No If yes, what grade? ____________________

Has the student recently had any serious illness? Yes No If yes, what illness? ____________________

Family Information

Father's Last Name ______ Father's First Name ______ Email Address *(required)* ______

Father's Employer ______ Work Phone Number (______) _______-_________ Home or Cell Phone *(please circle one)* (______) _______-_________

Mother's Last Name ______ Mother's First Name ______ Email Address *(required)* ______

Mother's Employer ______ Work Phone Number (______) _______-_________ Home or Cell Phone *(please circle one)* (______) _______-_________

Names and ages of brothers and sisters:

Name ______ Age ______ Name ______ Age ______ Name ______ Age ______

What church or religious group does the student attend (if any)? ________________________________

Do you understand that Bethel Baptist School is a Christian School and agree that your child will attend religion classes and learn the Bible, its history, and the teachings of Jesus Christ? Yes No

Do you agree to authorize this school to use discipline that it considers wise and necessary for the welfare of your child – especially in the areas of behavior and dress code? Yes No

Are you currently, or do you intend to apply for a Permanent Residence Card (Green Card)? Yes No

Father's Signature ______________________ Date ______________

Mother's Signature ______________________ Date ______________

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Medical History **(Fill in the circles [●] for all that apply.)**

It is *mandatory* that pupils who show symptoms of a communicable disease or illness be excluded from classes until cleared by a doctor and approved by school administration.

Father's Health: Excellent ○ Average ○ Poor ○
If poor, please explain: ____________________

Mother's Health: Excellent ○ Average ○ Poor ○
If poor, please explain: ____________________

If either parent(s) are deceased, state cause: ____________________

Past Diseases

(Please mark any of the following diseases that your child has had.)

Chicken Pox	○	Mumps	○	Rheumatic Fever	○
Diphtheria	○	Pneumonia	○	Scarlet Fever	○
Measles	○	Polio	○	Whooping Cough	○

Other (explain): ____________________

Recent Illness or Disability

(Please mark any of the following that your child has experienced.)

Abdominal Pains	○	Dizziness	○	Persistent Cough	○
Allergies	○	Fainting Spells	○	Pink Eye	○
Asthma	○	Growing Pains	○	Poor Vision	○
Breath Shortness	○	Hay Fever	○	Ringworm	○
Colds (Four or More Yearly)	○	Hearing Difficulty	○	Sore Throat (Frequent)	○
Convulsions	○	Heart Disease	○	Speech Difficulty	○
Crippling Conditions	○	Hernia (Rupture)	○	Sties (Frequent)	○
Dental Defects	○	Impetigo	○	Tires Easily	○
Diabetes	○	Leg Pains (Frequent)	○	Urination (Frequent)	○
Discharging Ears	○	Nose Bleed	○		

Other (explain): ____________________

Immunization

(Please mark any of the following for which your child has been immunized.)

Chicken Pox	○	Measles	○	Smallpox - Scar	○	Typhoid	○
Diphtheria	○	Polio	○	Tdap Booster	○	Whooping Cough	○
Hepatitis B	○	Schick Negative	○	Tetanus	○		

Other (explain): ____________________

Personal Record

(Please mark any of the following that pertain to your child.)

Angers easily	○	Excessive Fears	○	Overly Active	○	Other (Please explain below)
Bites Fingernails	○	Gets along with Others	○	Shy	○	____________
Eats Breakfast	○	Likes School	○			____________

What is the student's regular bedtime? ____:____ p.m. rising time? ____:____ a.m.

Does your child have any disability due to disease or accident? Yes No

Explain:____________________

Has your child had a skin test for tuberculosis? Yes No When? ____________

Has he been associated with a tubercular patient? Yes No When? ____________

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