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? _____