

**BETHEL BAPTIST SCHOOL International Student** ACCT # \_\_\_\_\_

Please print using black or blue ink.

**Registration Form 2021-2022**

Today's Date \_\_\_\_ / \_\_\_\_ /20 \_\_\_\_

**Student Information**

Family Name (Surname) \_\_\_\_\_ Given Names (same order as on passport) \_\_\_\_\_ English Name (if any) \_\_\_\_\_ SEVIS ID # \_\_\_\_\_

U.S. Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_ (\_\_\_\_)\_\_\_\_-\_\_\_\_ Student's U.S. Cell Number \_\_\_\_\_

Grade Applying \_\_\_\_\_ Age \_\_\_\_\_ Last School Attended \_\_\_\_\_ Average Score \_\_\_\_\_ Gender (M/F) \_\_\_\_\_ Date of Birth (mm/dd/yyyy) \_\_\_\_\_

Student's Email Address (required) \_\_\_\_\_ Student's Video Call ID and Service \_\_\_\_\_ (Skype, Facebook, etc.) \_\_\_\_\_

List Allergies and/or Prescription Medications Taking \_\_\_\_\_ K4 K5 1 2 3 4 5 6 7 8 9 10 11 12  
(Circle any grades that the student has attended Bethel)

**Homestay Information**

Guardian #1: Last Name \_\_\_\_\_ First Names \_\_\_\_\_ Relationship \_\_\_\_\_ Email Address (required) \_\_\_\_\_

Guardian #1: Employer \_\_\_\_\_ (\_\_\_\_)\_\_\_\_-\_\_\_\_ Work Phone Number \_\_\_\_\_ (\_\_\_\_)\_\_\_\_-\_\_\_\_ Home or Cell Phone (circle one) \_\_\_\_\_

Guardian #2: Last Name \_\_\_\_\_ First Names \_\_\_\_\_ Relationship \_\_\_\_\_ Email Address (required) \_\_\_\_\_

Guardian #2: Employer \_\_\_\_\_ (\_\_\_\_)\_\_\_\_-\_\_\_\_ Work Phone Number \_\_\_\_\_ (\_\_\_\_)\_\_\_\_-\_\_\_\_ Home or Cell Phone (circle one) \_\_\_\_\_

**Other Relatives Attending Bethel:**

Name \_\_\_\_\_ Grade \_\_\_\_\_ Relationship \_\_\_\_\_ Name \_\_\_\_\_ Grade \_\_\_\_\_ Relationship \_\_\_\_\_

**Parent Information**

Father's Last Name \_\_\_\_\_ First Names \_\_\_\_\_ Email Address (required) \_\_\_\_\_

Mother's Last Name \_\_\_\_\_ First Names \_\_\_\_\_ Email Address (required) \_\_\_\_\_

Complete Address in Home Country \_\_\_\_\_ City \_\_\_\_\_ Country \_\_\_\_\_

**Emergency Information** for medical decisions and child pick up **if you are unreachable. (English speaking please)**  
**These names should be different from the parents' or guardians' names.**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ (\_\_\_\_)\_\_\_\_-\_\_\_\_ Work Phone Number \_\_\_\_\_ (\_\_\_\_)\_\_\_\_-\_\_\_\_ Home or Cell Phone (circle one) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ (\_\_\_\_)\_\_\_\_-\_\_\_\_ Work Phone Number \_\_\_\_\_ (\_\_\_\_)\_\_\_\_-\_\_\_\_ Home or Cell Phone (circle one) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ (\_\_\_\_)\_\_\_\_-\_\_\_\_ Work Phone Number \_\_\_\_\_ (\_\_\_\_)\_\_\_\_-\_\_\_\_ Home or Cell Phone (circle one) \_\_\_\_\_

**Financial Information**

*-Office Use Only-*

Start Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Student Schedule: Full Day \_\_\_\_\_ OR Daycare: am \_\_\_\_\_ pm \_\_\_\_\_ both \_\_\_\_\_  
8 am – 3:30 pm 7 am – 3:30 pm 8 am – 6 pm 7 am – 6 pm

R \_\_\_\_\_ T \_\_\_\_\_ SA \_\_\_\_\_ DC \_\_\_\_\_

\_\_\_\_\_  
Staff Initials

**Statement of Cooperation** (Please read and mark the blank to the left of each bullet point.)

- \_\_\_\_\_ ♦ I understand that the policy of the school is to make **no refunds on registration fees**.
- \_\_\_\_\_ ♦ I have read the financial information for Bethel Baptist School and agree to cooperate with these standards to the fullest extent.
- \_\_\_\_\_ ♦ I agree to give the school **a minimum of 30 days written notice** prior to the removal of my child, or any daycare changes.
- \_\_\_\_\_ ♦ I give permission for my child to take part **in all school activities**, including sports and school-sponsored trips away from the school premises.
- \_\_\_\_\_ ♦ I give permission for the school **to use my child's photograph** in the school yearbook and for school promotions.
- \_\_\_\_\_ ♦ I absolve the school from liability to me or to my child because of any injury to my child at school or during any school activity.
- \_\_\_\_\_ ♦ Failure to remain current with your school financial obligations may result in removal of your child from school and school activities. Please provide ***both*** signatures below, if possible.

\_\_\_\_\_  
Father's Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Mother's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Child Pick Up Information**

In the event that you need to send someone to take your child home from school, your child will ONLY be released to those adults (other than the parents or guardians) whom you list below. Your child WILL NOT be released to anyone that is not listed regardless of their relationship to you or your child. **In the event of a disaster, school will not be dismissed.** Children will remain under the supervision of the school and will be provided for according to our emergency operational procedures. They will be released to the parents or the people listed below.

Print the names (**do not include parents or guardians already listed on the front**) of authorized individuals only:

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

Please **list any medical conditions** that the school should be made aware of in case of extended care.

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

***Please list above the names of people who may NOT pick up your child from school.***

*-Office Use Only-*

Released to \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Destination \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Phone Number

Released by \_\_\_\_\_

First Aid/Medical Treatment Rendered: \_\_\_\_\_

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