Bethel Baptist School

Application for Enrollment

Please print using black ink.

Date ____/____/20____

Student Information

_____ _____ _____ _____-_____-_____
Last Name First Name Middle Name Social Security Number

_____ _____ _____ _____/_____/_____
Street Address City Zip Code Date of Birth (mm/dd/yyyy)

_____ _____ _____ _____ _____ (____) _____-_____
Grade Entering Age Last School Attended Grade Average Gender (M/F) Student's Telephone Number

_____ _____
List Allergies and/or Prescription Medications Taking Place of Birth

Has your child ever been retained in a grade? Yes No If yes, what grade? _____

Has your child had any serious illness recently? Yes No If yes, what illness? _____

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

Family Information

_____ _____ (_____) _____-_____
Father's Last Name Father's First Name Home or Cell Phone (circle one)

_____ (_____) _____-_____ _____
Father's Employer Work Phone Number Email Address

_____ _____ (_____) _____-_____
Mother's Last Name Mother's First Name Home or Cell Phone (circle one)

_____ (_____) _____-_____ _____
Mother's Employer Work Phone Number Email Address

Names and ages of brothers and sisters:

_____ _____ _____ _____ _____ _____
Name Age Name Age Name Age

_____
Church Currently Attending

Do you agree to authorize this school to use such discipline as it considers wise and necessary for the welfare of your child? Yes No

_____ _____
Father's Signature Date

_____ _____
Mother's Signature Date

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? _____

REMINDER: No pupil will be excused from P.E. without a written notice from a physician. *Rev 2/4/15*