



Berean Baptist Christian Academy
Student Application Form
 Academic Year, Fall / Spring



OFFICE USE:	Date	Fee	Check #
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Full Name _____ Male Female Grade to enter _____

Address _____
Street City Zip

Home Phone _____

General Student Information

Birth date: _____ Age: _____ Last school attended (name and address) _____

Nationality: _____

Last grade completed: _____

Any grades repeated? Yes No

Ever tested for learning disabilities? Yes No (If yes please explain below)

Reason for leaving previous school _____

Please explain if student has had problems in school with regard to any of the following:

Discipline _____

Social Adjustment _____

Academics _____

Other _____

Please list each sibling, their age and school currently attending

Church Affiliation

Church name: _____ Pastor's name: _____

Address: _____ Phone: _____

Attendance Regular Occasional Seldom Never

Do parents attend church with the student? Yes No

General Parent Information

Father's Name _____	Mother's Name _____
Address _____	Address _____
Home Phone _____	Home Phone _____
Employer _____	Employer _____
Address _____	Address _____
Work phone _____	Work phone _____

Place a check next to the appropriate answer

How are the above named persons related to the student?

Natural parents Guardians Foster parents Step-parents

Does the student live with both parents? Yes No

If no, please check one of the following:

Father deceased Mother deceased Separated Divorced Divorced, Remarried

General Health Information

Do you provide health / injury insurance for your child? Yes No

Please list the name of your insurance company: _____

(Note: Berean Baptist Christian Academy does not provide Health / Injury Insurance)

Family Doctor: _____

Business Address: _____

Phone: _____

Place a check next to the applicable medical problems

Respiratory problems Heart condition Allergies Diabetes Epilepsy

Other medical conditions: _____