

# 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 \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Grade Entering \_\_\_\_\_ Age \_\_\_\_\_ Last School Attended \_\_\_\_\_ Grade Average \_\_\_\_\_ Male/Female \_\_\_\_\_ 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 \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_-\_\_\_\_ Cell Phone/Pager

Father's Employer \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_-\_\_\_\_ Employer Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Mother's Last Name \_\_\_\_\_ Mother's First Name \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_-\_\_\_\_ Cell Phone/Pager

Mother's Employer \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_-\_\_\_\_ Employer 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 employ such discipline as it considers wise and expedient 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

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

Other  (explain): \_\_\_\_\_

## Recent Illness or Disability

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

Other  (Explain): \_\_\_\_\_

## Immunization

Chicken Pox	<input type="radio"/>	Polio	<input type="radio"/>	Tetanus	<input type="radio"/>
Diphtheria	<input type="radio"/>	Schick Negative	<input type="radio"/>	Typhoid	<input type="radio"/>
Hepatitis B	<input type="radio"/>	Smallpox - Scar	<input type="radio"/>	Whooping Cough	<input type="radio"/>
Measles	<input type="radio"/>				

Other  (Explain): \_\_\_\_\_

## Personal Record

Bites Fingernails	<input type="radio"/>	Likes School	<input type="radio"/>	Shy	<input type="radio"/>
Eats Breakfast	<input type="radio"/>	Overly Active	<input type="radio"/>	Sucks Thumb	<input type="radio"/>
Excessive Fears	<input type="radio"/>	Plays Well with Others	<input type="radio"/>	Temper Tantrums	<input type="radio"/>

When is his/her 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.**