

Barry County Christian School New Student Application

Parent or Legal Guardian Information:

Name of Father	Street Address	City, State, ZIP	
	Home Phone	Work Phone	Cell Phone
	()	()	()
	Occupation		U.S. Citizen?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
	Church Affiliation		Attend Regularly?
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Name of Mother	Street Address (if different)	City, State, ZIP	
	Home Phone	Work Phone	Cell Phone
	()	()	()
	Occupation		U.S. Citizen?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
	Church Affiliation		Attend Regularly?
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Parents are (check one): Married Separated Divorced Deceased

Student Information:

	Full Name	Sex	Date of Birth	Grade Entering
1.				
2.				
3.				
4.				
5.				
6.				

Names and ages of other children in family: _____

Please answer the questions pertinent to the applicant(s).

List any physical defects	
List any recent illnesses	
List any academic deficiencies	
Has your child(ren) ever repeated a grade?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Has your child(ren) ever been a serious discipline problem in the home or school? If so, explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
List schools your child(ren) have attended. State when and the reason for leaving.	
List any outstanding abilities or talents.	
Does your child(ren) want a Christian education?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your child(ren) attend Sunday School regularly? If so, where?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What community, church, or extra-curricular activities has your child(ren) participated in?	
List community and church activities in which you participate.	
Will you seek in your home to work toward goals that are similar to those of the school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you in agreement with the BCCS "Statement of Faith"?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a Christian?	<input type="checkbox"/> Yes <input type="checkbox"/> No Father/guardian <input type="checkbox"/> Yes <input type="checkbox"/> No Mother/guardian
Give your definition of a Christian.	
State why you wish to enroll your child in Barry County Christian School.	

Please list three references.

Name	Address	City, State, ZIP	Phone

Please indicate if there is a current family from this school who directly and strongly influenced your decision to join us here at Barry County Christian School.

Family from B.C.C.S. _____

To the best of my knowledge, the above statements are true and correct:

Signature: _____ Date: _____

Signature: _____ Date: _____