

# Barry County Christian School New Student Application

**Parent or Legal Guardian Information:**

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

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

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

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

**Please list three references.**

<b>Name</b>	<b>Address</b>	<b>City, State, ZIP</b>	<b>Phone</b>

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: \_\_\_\_\_