BHCS



APPLICATION FOR ADMISSION

STUDENT AND FAMILY PERSO	NAL DATA		
Student's Name:			
(Last/Family)	(First)	(Middle)	Attach
Nationality:	Sex(Circle One):	Recent Photo	
Date of Birth: / / / (Year)	Entering Grade:		
Place of Birth:(City)			
Home Phone:			
Emergency Phone:			
School (and location) where child is co			
Primary language spoken by the child:			
Primary language spoken in the home:			
Other languages spoken by the child: _			
Will the student live locally: ☐ Yes	□No		
Does the student have a sibling(s) inte		HCS? □ Yes □ No	
(If yes) Name:	•		Age:
	-		
Full Mailing Address:		(Street)	
		(City)	
	(Cc	ountry and Postal Code)	
Father's Name:			
Highest Grade/Degree of Education C			
Father's Occupation/Position:	_		
Mailing Address of Company:			
£ 1 2			
Mother's Name:			
Highest Grade/Degree of Education C	ompleted:		
Mother's Occupation/Position:	*		
Mailing Address of Company:			
Billing Information			
Payment of tuition/fees to be made by	: (Check One)		
•	· ·	er's Company 🗆 % by	Parents and % by Compan
Bills should be sent to: (Check One)	1 2		• •
Dormitory service desired? (Check On			
, , , , , , , , , , , , , , , , , , , ,			

The information below will help us meet the educational needs of your child. Please check the appropriate blanks and include any additional helpful information on a separate sheet of paper.
Has the student had any disciplinary action at a former school? ☐ Yes ☐ No (If yes, please give details on a separate sheet of paper.)
Has the student ever repeated a grade? ☐ Yes ☐ No (If yes, which grade:)
Does the student have a history of medical problems? \square Yes \square No (If yes, please explain and attach physician's report.)
Does the student have a history of learning problems? \square Yes \square No (If yes, please explain and attach any reports.)
Has the student ever had an individual plan (IEP) or received special education services? \square Yes \square No (If yes, please explain and attach any reports.)
Does the student have a history of any mental or emotional disturbance? ☐ Yes ☐ No (If yes, please explain and attach any reports.)
Does either parent have a special skill or interest (i.e. sports, clubs, cultural interest, etc.) that they might like to share with the school, if called upon? Father Mother
How did you hear about Big Heart Christian School? □ Church □ Friends □ Advertisement □ Word of mouth □ Mission □ Internet
Has the student ever participated in: □ an accelerated program? □ gifted program? □ National Honor Society? □ advanced placement course? □ other specialized program?
Additional description:
Has the student received any special academic, social, or emotional support (i.e. speech therapy, learning difficulties, counseling, etc.) or had diagnostic testing? Yes No (If any, what type of support has the student received? Please attach relevant reports/test results)
Has the student had any alcohol or drug problems? ☐ Yes ☐ No Has the student ever been suspended from school? ☐ Yes ☐ No Has the student ever been asked to leave a school? ☐ Yes ☐ No (If yes to any of the above 3 questions, please attach a note of explanation/description.)
In making this application, the undersigned certifies their understanding that:
 Before considering an application, BHCS must receive all of following; Completed BHCS Application for Admission (in English). Academic records from present school. Completed BHCS Health History Form. Pastor and/or Teacher BHCS Recommendation Form (school preference is both forms) The parents' signed agreement with the school's educational (philosophy and purposes). BHCS Admission Test Results Personal interview with the child, parents, and School Administration Fees and tuition are payable in advance.
3. Inaccurate, incomplete, or misleading information may be grounds for denial of admission, or dismissal (if the child is already enrolled).
To the Best of my knowledge, the information I have provided in this application is correct.
Date of Application: (Month / Day / Year)
Date of Application: (Month / Day / Year)

BHCS STATEMENT OF FAITH

- 1) The inerrancy of the Holy Scriptures as originally given, their plenary inspiration by God and their supreme authority as the only rule of faith and practice.
- 2) The Trinity of the Godhead-Father, Son, and Holy Spirit, who are the same in substance, equal in power and glory.
- 3) The essential, absolute and eternal deity of the Lord Jesus Christ, His real but sinless humanity, His substitutionary and atoning death as the all-sufficient sacrifice for sin, His resurrection from the dead on the third day in that very body that was laid in the tomb, His ascension into heaven as the only mediator between God and man, and His visible personal return in power and glory.
- 4) The personality and deity of the Holy Spirit by whom the believer is regenerated and sanctified through the Word of Truth.
- 5) The lost estate of man through the Fall and his salvation solely by grace through faith in Jesus Christ, whose righteousness imputed to him is the only ground of acceptance before God.
- 6) The resurrection of the body, the judgment of the world by our Lord Jesus Christ, the everlasting blessedness of the saved and the everlasting and conscious punishment of the lost.

Please indicate your agreement or non-agreement with the above statement by circling one option in front of your signature

- 1. Agree = I personally agree with the above Statement.
- 2. Don't agree = While I do not personally agree with the above Statement, I agree that our child shall be taught in accordance with the purpose of the school as outlined. I will not interfer in any way with the school's Christian

Agree / Don't agree	Father/guardian signature	Date	Month/ Day/ Year	_
Agree / Don't agree		Date		
	mother/guardian signature		Month/ Day/ Year	_

(If you have questions or concerns about the Doctrinal Statement and Purpose, please note them below)

WAIVER OF LIABILITY

I give my permission for ______ (Student's Full Name) to participate in official Big Heart Christian School (BHCS) activities while enrolled at BHCS. Realizing that BHCS does not have personal accident insurance for students, **I waive or will not hold BHCS liable** if my child is injured at school, at a school sponsored activity or while being transported to and from the following.

- (a) BHCS campus by public transportation.
- (b) Athletic or co-curricular event(s) by BHCS-related or BHCS-contracted vehicle.
- (c) Bus or train terminals by BHCS-related or BHCS-contracted vehicle.

In the event of an emergency medical situation where I am not able to be immediately contacted I give my permission to have my child treated (possibly including local or general anesthesia) at the best facility determined by the attending BHCS school sponsor

Every effort will be made to contact parents before any procedures are carried out..

Father/guardian signature	Date	Month/ Day/ Year
	Date	
mother/guardian signature	2000.	Month/ Day/ Year

BHCS TRANSPORTATION CONDUCT and LIABILITY

BHCS students use public and private transportation to and from school. For reasons of safety, courtesy, and the school's good reputation, students must display good conduct while traveling to and from school. BHCS is not liable for injuries or loss of property that may result from a traffic accident or related damage. BHCS does expect our students to follow the school's rules as referenced in the Parent-Student Handbook governing student conduct on all BHCS buses.

referenced in the 1 archi-5tudent Handboo	a governing student	conduct on an Bries ous	cs.
All documents that were submitted d	luring the admissi	on process and test will	l not returned.
Parents and the student must sig Public Transportation Conduct a	•	0 0	understand and will abide by the
	Date	Month/ Day/ Year	
Signature of Student		Month/ Day/ Year	
Signature of Parent	Date	Month/ Day/ Year	
Signature of Farent			
Signature of Parent	Date	Month/ Day/ Year	_
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ВНО	S Meata ana 1	Privacy Agreement	<u>Form</u>
Big Heart Christian School is utilizing via YouTube, Instagram, blogs, etc. Fo images or videos of the students.			cord events. We will be sharing content nsent to post content that may contain
	Date		_
Signature of Student		Month/ Day/ Year	
	Date		
Signature of Parent		Month/ Day/ Year	
	Date		_
Signature of Parent		Month/ Day/ Year	