



**BRAZOSPORT  
CHRISTIAN SCHOOL**

**ENROLLMENT  
APPLICATION**  
**2009 - 2010**

**NOTE: TUITION ASSISTANCE & PASTORAL DISCOUNTS ARE AWARDED ON A FIRST-COME, FIRST-SERVED BASIS.  
INQUIRIES SHOULD BE DIRECTED TO THE BCS BUSINESS OFFICE: 979-297-0563.**

**RETURN ALL DOCUMENTS TO: BCS ADMISSIONS, 200B WILLOW DR., LAKE JACKSON, TX 77566**

BRAZOSPORT CHRISTIAN SCHOOL (BCS) IS OPEN TO STUDENTS OF ANY RACE, COLOR, NATIONAL OR ETHNIC ORIGIN. BCS DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, NATIONAL OR ETHNIC ORIGINS IN ADMISSIONS, EDUCATIONAL OR EMPLOYMENT PRACTICES.

STUDENT'S NAME: \_\_\_\_\_  
FIRST MIDDLE LAST NICK-NAME

APPLYING FOR GRADE: \_\_\_\_\_ AGE AS OF 9/1/09: \_\_\_\_\_ IF APPLYING FOR PREK OR K:  FULL DAY  HALF DAY

DATE OF BIRTH: \_\_\_\_\_ GENDER: \_\_\_\_\_ RACE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
STREET ADDRESS CITY STATE ZIP

PHYSICAL ADDRESS (IF DIFFERENT): \_\_\_\_\_

## PARENT INFORMATION

STUDENT LIVES WITH:  FATHER  MOTHER  STEP-FATHER  STEP-MOTHER  OTHER: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_  
TITLE FIRST MIDDLE LAST

FATHER'S ADDRESS: \_\_\_\_\_  
STREET ADDRESS CITY STATE ZIP

FATHER'S HOME PHONE:(\_\_\_\_\_) \_\_\_\_\_ WORK PHONE:(\_\_\_\_\_) \_\_\_\_\_ CELL:(\_\_\_\_\_) \_\_\_\_\_

FATHER'S E-MAIL ADDRESS: \_\_\_\_\_ OTHER CONTACT INFORMATION: \_\_\_\_\_

FATHER'S TITLE & OCCUPATION: \_\_\_\_\_ NAME OF EMPLOYER: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_  
TITLE FIRST MIDDLE LAST

MOTHER'S ADDRESS: \_\_\_\_\_  
STREET ADDRESS CITY STATE ZIP

MOTHER'S HOME PHONE:(\_\_\_\_\_) \_\_\_\_\_ WORK PHONE:(\_\_\_\_\_) \_\_\_\_\_ CELL:(\_\_\_\_\_) \_\_\_\_\_

MOTHER'S E-MAIL ADDRESS: \_\_\_\_\_ OTHER CONTACT INFORMATION: \_\_\_\_\_

MOTHER'S TITLE & OCCUPATION: \_\_\_\_\_ NAME OF EMPLOYER: \_\_\_\_\_

PLEASE CHECK ANY THAT APPLY:

- PARENTS SEPARATED  PARENTS DIVORCED  FATHER HAS CUSTODY  MOTHER HAS CUSTODY  
 FATHER REMARRIED  FATHER DECEASED  MOTHER REMARRIED  MOTHER DECEASED  
 GRANDFATHER HAS CUSTODY  GRANDMOTHER HAS CUSTODY  LEGAL GUARDIAN HAS CUSTODY

UNLESS THE SCHOOL IS ADVISED OTHERWISE BY THE CUSTODIAL PARENT, BOTH PARENTS WILL RECEIVE SCHOOL COMMUNICATIONS.  
 IT IS THE CUSTODIAL PARENT'S RESPONSIBILITY TO PROVIDE RELEVANT LEGAL DOCUMENTATION TO THE SCHOOL.

## OTHER ADULTS LIVING WITH THE STUDENT

RELATIONSHIP:  STEPFATHER  STEPMOTHER  GRANDPARENT  OTHER: \_\_\_\_\_

NAME: \_\_\_\_\_ WORK PHONE:(\_\_\_\_\_) \_\_\_\_\_ CELL:(\_\_\_\_\_) \_\_\_\_\_

E-MAIL: \_\_\_\_\_ OTHER CONTACT INFO: \_\_\_\_\_

TITLE & OCCUPATION: \_\_\_\_\_ NAME OF EMPLOYER: \_\_\_\_\_

RELATIONSHIP:  STEPFATHER  STEPMOTHER  GRANDPARENT  OTHER: \_\_\_\_\_

NAME: \_\_\_\_\_ WORK PHONE:(\_\_\_\_\_) \_\_\_\_\_ CELL:(\_\_\_\_\_) \_\_\_\_\_

E-MAIL: \_\_\_\_\_ OTHER CONTACT INFO: \_\_\_\_\_

TITLE & OCCUPATION: \_\_\_\_\_ NAME OF EMPLOYER: \_\_\_\_\_

# BCS ENROLLMENT APPLICATION 2

# OTHER FAMILY INFORMATION

STUDENT'S NAME: \_\_\_\_\_

## BROTHERS & SISTERS:

NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

## GRANDPARENTS: (FOR GRANDPARENTS DAY INVITATIONS, SCHOOL NEWSLETTERS, ANNOUNCEMENTS, ETC.)

NAME: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ DAYTIME PHONE: (\_\_\_\_) \_\_\_\_\_

SHOULD THIS GRANDPARENT BE AN EMERGENCY CONTACT:  YES  NO CELL PHONE: (\_\_\_\_) \_\_\_\_\_

NAME: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ DAYTIME PHONE: (\_\_\_\_) \_\_\_\_\_

SHOULD THIS GRANDPARENT BE AN EMERGENCY CONTACT:  YES  NO CELL PHONE: (\_\_\_\_) \_\_\_\_\_

# SCHOOL HISTORY

SCHOOL STUDENT IS NOW ATTENDING: \_\_\_\_\_ PRINCIPAL'S NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

IF STUDENT ATTENDED ABOVE SCHOOL FOR LESS THAN ONE YEAR, LIST THE NAME AND ADDRESS OF PREVIOUS SCHOOL:

# CHURCH AFFILIATION

CHURCH FAMILY ATTENDS: \_\_\_\_\_ DENOMINATION: \_\_\_\_\_

FAMILY PATTERN OF ATTENDANCE:  WEEKLY  MONTHLY  IRREGULARLY  RARELY  NEVER

NAME OF PASTOR, YOUTH PASTOR: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ CHURCH STUDENT ATTENDS (IF DIFFERENT): \_\_\_\_\_

IS THE STUDENT INVOLVED IN CHURCH ACTIVITIES? \_\_\_\_\_

# OTHER EMERGENCY CONTACTS:

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONES: HOME \_\_\_\_\_ WORK \_\_\_\_\_ CELL \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONES: HOME \_\_\_\_\_ WORK \_\_\_\_\_ CELL \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONES: HOME \_\_\_\_\_ WORK \_\_\_\_\_ CELL \_\_\_\_\_

DOCTOR'S NAME: \_\_\_\_\_ PHONES: OFFICE \_\_\_\_\_ EMERGENCY \_\_\_\_\_

# EDUCATIONAL INFORMATION

STUDENT'S NAME: \_\_\_\_\_

HAS THE APPLICANT EVER BEEN EVALUATED FOR ANY OF THE FOLLOWING?

- ADD   
  ADHD   
  AUTISM   
  LEARNING DISABILITIES   
  SPEECH/LANGUAGE   
  GIFTED  
 PSYCHOLOGICAL DISORDERS   
  SPECIAL EDUCATION OR ECI PROGRAMS   
  OTHER: \_\_\_\_\_

IF YOU HAVE CHECKED ANY OF THE BOXES ABOVE, ATTACH A COMPLETE EXPLANATION AND ALL OTHER RELEVANT DOCUMENTATION.

- HAS THE APPLICANT EVER BEEN PLACED INTO REMEDIAL OR BELOW-LEVEL CLASSES?  YES  NO  
 HAS THE APPLICANT EVER BEEN SUSPENDED, EXPELLED OR REFUSED ADMITTANCE AT ANY SCHOOL?  YES  NO  
 HAS THE APPLICANT EVER BEEN PLACED ON PROBATION OR IN A DISCIPLINARY PROGRAM AT SCHOOL?  YES  NO  
 HAS THE APPLICANT RECEIVED SPECIAL RECOGNITION FOR ACADEMIC OR ATHLETIC ACHIEVEMENTS?  YES  NO  
 DOES THE APPLICANT SUFFER FROM ANY MEDICAL CONDITIONS OR CHRONIC ILLNESSES?  YES  NO  
 DOES THE APPLICANT HAVE: DIABETES?  YES  NO   
 ASTHMA?  YES  NO   
 EPILEPSY?  YES  NO  
 DOES THE APPLICANT HAVE ANY CONDITION WHICH MAY REQUIRE FREQUENT RESTROOM STOPS?  YES  NO  
 IS THE APPLICANT ALLERGIC TO INSECT BITES, BEE STINGS OR ANT BITES?  YES  NO  
 DOES THE APPLICANT SUFFER FROM ANY OTHER KNOWN ALLERGIES?  YES  NO  
 HAS THE APPLICANT BEEN DIAGNOSED WITH ANY HEARING IMPAIRMENT?  YES  NO  
 DOES THE APPLICANT HAVE ANY VISUAL IMPAIRMENT, WEAR GLASSES OR CONTACTS?  YES  NO  
 WILL YOUR CHILD BE TAKING DAILY MEDICATION THROUGHOUT THE YEAR?  YES  NO

IF SO, PLEASE CHECK WITH THE OFFICE ABOUT REGULATIONS RE: MEDICATION. PLEASE LIST ANY MEDICATIONS

YOUR CHILD MAY REQUIRE: \_\_\_\_\_

IF THERE ARE ANY "YES" ANSWERS TO THE QUESTIONS ABOVE, PLEASE EXPLAIN:

## FOR OFFICE USE ONLY

Date Received: \_\_\_\_\_ Received by: \_\_\_\_\_ Amount Received: \_\_\_\_\_  Cash  Check (# \_\_\_\_\_)

Child	AFee	RFee	MFees	Lunch	FTrp/Rtrt	PE	SprtShrt	Yrbk	PlayrFee
	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

NOTES \_\_\_\_\_

### Document Check-List:

#### PreK & Kindergarten

- Completed Application
- Enrollment Contract
- Medical/Emergency Release
- Birth Certificate (Copy)
- Immunization Records (Original)
- Photo

#### Grades 1 - 6

- Achievement Tests (2 Years)
- Report Cards (2 Years)
- Teacher Referral Form
- Enrollment Contract
- Medical/Emergency Release
- Birth Certificate (Copy)
- Immunization Records (Original)
- Photo

#### Grades 7 - 12

- Achievement Tests (2 Years)
- Report Cards (2 Years)
- Teacher Referral (Math or Eng)
- Pastor's Recommendation
- Enrollment Contract
- Medical/Emergency Release
- Birth Certificate (Copy)
- Immunization Records (Original)
- Photo

# BCS ENROLLMENT APPLICATION 4

# RELEASE OF RECORDS AUTHORIZATION

## TO THE STUDENT'S CURRENT SCHOOL:

THIS STUDENT IS APPLYING TO BRAZOSPORT CHRISTIAN SCHOOL. PLEASE SEND THE FOLLOWING INFORMATION:

- |  |  |
|--|--|
| <input type="checkbox"/> OFFICIAL TRANSCRIPT | <input type="checkbox"/> STANDARDIZED TEST RESULTS (2 YEARS) |
| <input type="checkbox"/> MEDICAL RECORDS     | <input type="checkbox"/> DISCIPLINE RECORDS                  |
| <input type="checkbox"/> BIRTH CERTIFICATE   | <input type="checkbox"/> ARD / IEP                           |
| <input type="checkbox"/> OTHER _____         |  |

MAIL OR FAX TO:     BCS ADMISSIONS  
                          200 B WILLOW DR.  
                          LAKE JACKSON, TX 77566

FAX:                   (979) 297-8455

QUESTIONS? CALL (979) 297-0563, EXT. 100  
ADMISSIONS DIRECTOR:     RANAE CRIHFIELD  
ELEMENTARY PRINCIPAL:    VONDA PRAZAK  
SECONDARY PRINCIPAL:     LANNA WEBB  
HEAD OF SCHOOL:           DAVE DIAMOND

## TO THE APPLICANT'S PARENT(S) OR GUARDIAN(S)

YOUR CHILD'S RECORDS MUST COME DIRECTLY FROM THE CURRENT SCHOOL AND WILL BE CONSIDERED INVALID IF RECEIVED BY ANY OTHER MEANS. COMPLETE THE FOLLOWING INFORMATION, SIGN AND DATE THIS FORM. THIS FORM MUST ACCOMPANY YOUR CHILD'S APPLICATION FOR ADMISSION.

NAME OF APPLICANT: \_\_\_\_\_

NAME OF CURRENT SCHOOL: \_\_\_\_\_ CURRENT GRADE: \_\_\_\_\_

SCHOOL ADDRESS: \_\_\_\_\_

SCHOOL PHONE:( ) \_\_\_\_\_ SCHOOL FAX:( ) \_\_\_\_\_ PRINCIPAL'S NAME: \_\_\_\_\_

IF ELEMENTARY, NAME OF HOMEROOM TEACHER: \_\_\_\_\_

IF GRADE 7-12, NAME OF MATH AND ENGLISH TEACHERS: \_\_\_\_\_

I (WE) CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE TO THE BEST OF MY (OUR) KNOWLEDGE. I GIVE PERMISSION FOR THIS SCHOOL TO PROVIDE REQUESTED INFORMATION **DIRECTLY** TO BRAZOSPORT CHRISTIAN SCHOOL (BCS). I (WE) UNDERSTAND THAT MY CHILD MAY BE ENROLLED ON A CONDITIONAL BASIS AT BRAZOSPORT CHRISTIAN SCHOOL UNTIL THESE OFFICIAL RECORDS ARE RECEIVED. I (WE) FURTHER UNDERSTAND THAT MY CHILD MAY BE FOUND INELIGIBLE FOR ENROLLMENT AT BCS BASED UPON INFORMATION OBTAINED THROUGH THESE SCHOOL RECORDS.

\_\_\_\_\_  
SIGNATURE OF CUSTODIAL PARENT/LEGAL GUARDIAN     DATE

\_\_\_\_\_  
SIGNATURE OF CUSTODIAL PARENT/LEGAL GUARDIAN     DATE

**BCS BCS REQUEST FOR 5**  
**ACADEMIC RECORDS**

# THERE ARE SITUATIONS...

...WHEN THIS FORM, AS FILLED OUT BY YOU, IS THE **ONLY** SOURCE OF INFORMATION REGARDING YOUR CHILD'S EMERGENCY NEEDS. YOU ASSUME RESPONSIBILITY FOR INSURING THAT WE HAVE COMPLETE AND ACCURATE INFORMATION ON YOUR CHILD'S MEDICAL NEEDS, EMERGENCY CONTACT, AND PROPER AUTHORIZATIONS. IF ANY OF THE INFORMATION BELOW CHANGES DURING THE YEAR, YOU MUST PROVIDE A NEW FORM.

**THIS FORM APPLIES TO THE FOLLOWING STUDENTS:**

**PLEASE PRINT CLEARLY**

1	2	3	4	5	6	7
GRADE	LAST NAME	FIRST NAME	DATE OF BIRTH	PRIMARY PHYSICIAN & TELEPHONE	AUTHORIZATION FOR:	AREAS OF CONCERN (EXPLAIN ON PG. 3)
					<input type="checkbox"/> ACETAMINOPHEN <input type="checkbox"/> IBUPROFEN <input type="checkbox"/> BENADRYL <input type="checkbox"/> THROAT LOZENGE <input type="checkbox"/> ANTACID	<input type="checkbox"/> ALLERGIES <input type="checkbox"/> MEDICATION(S) <input type="checkbox"/> CHRONIC DISEASE <input type="checkbox"/> OTHER
					<input type="checkbox"/> ACETAMINOPHEN <input type="checkbox"/> IBUPROFEN <input type="checkbox"/> BENADRYL <input type="checkbox"/> THROAT LOZENGE <input type="checkbox"/> ANTACID	<input type="checkbox"/> ALLERGIES <input type="checkbox"/> MEDICATION(S) <input type="checkbox"/> CHRONIC DISEASE <input type="checkbox"/> OTHER
					<input type="checkbox"/> ACETAMINOPHEN <input type="checkbox"/> IBUPROFEN <input type="checkbox"/> BENADRYL <input type="checkbox"/> THROAT LOZENGE <input type="checkbox"/> ANTACID	<input type="checkbox"/> ALLERGIES <input type="checkbox"/> MEDICATION(S) <input type="checkbox"/> CHRONIC DISEASE <input type="checkbox"/> OTHER

## EMERGENCY CONTACTS:

**TO BE CONTACTED IN THIS ORDER**

FATHER/GUARDIAN	( ) ( ) ( )	CELL PHONE	WORK PHONE	HOME PHONE
MOTHER/GUARDIAN	( ) ( ) ( )	CELL PHONE	WORK PHONE	HOME PHONE
OTHER EMERGENCY CONTACT	( ) ( ) ( )	CELL PHONE	WORK PHONE	HOME PHONE
Mr. Dave Diamond	( 979 ) 864-5442	( 979 ) 297-0563	( 979 ) 864-5442	
HEAD OF SCHOOL	( ) ( ) ( )	CELL PHONE	WORK PHONE	HOME PHONE

## AS LEGAL GUARDIAN...

OF THE CHILD(REN) LISTED ABOVE, I AUTHORIZE:

- designated Brazosport Christian School (BCS) employees/assigns, in the event of an emergency and in my absence, to make decisions that are normally reserved for the child's parent/guardian and to act as they judge to be in the best interest of my child(ren). I agree to forever hold harmless BCS, employees and assigns, attending physician(s) and medical and emergency personnel for any liability, injury, loss or cost suffered as a result of decisions made and acted upon in good conscience and according to medical knowledge available at the time.
- designated BCS employees/assigns to administer medicines listed above in column 6 as they deem necessary and hold harmless BCS, its employees and assigns for any liability related to the administration of these medications.
- designated BCS employees/assigns to administer first aid and/or CPR as they judge necessary.
- designated BCS employees/assigns to call emergency services as they judge necessary, to choose a hospital or medical center for treatment, to transport my child to that hospital or medical center, and to work with physicians, emergency workers and other medical personnel in the perceived best interest of my child.
- I understand that, unless I sign the box at right indicating my choice not to authorize the attending physician or medical personnel to administer blood or blood products to my child(ren), it is assumed by default that I am authorizing the attending physician or medical personnel to administer blood or blood products to my child(ren).
- I am responsible for all expenses associated with my child's medical/emergency needs.

SIGNATURE OF CUSTODIAL PARENT/LEGAL GUARDIAN

DATE

SIGNATURE OF CUSTODIAL PARENT/LEGAL GUARDIAN

DATE

# BCS EMERGENCY AUTHORIZATION 6

# PLEASE, DO NOT ASSUME...

THAT WE ALREADY HAVE THE DETAIL WE NEED TO KNOW ABOUT YOUR CHILD. IT IS VERY IMPORTANT THAT YOU PROVIDE THOROUGH INFORMATION IN RESPONSE TO THE FOLLOWING QUESTIONS. ALTHOUGH YOU MAY HAVE RECORDED INFORMATION IN THE PAST, WE MUST HAVE CURRENT AND COMPLETE DETAILS (IN WRITING) FOR THESE CHILDREN THIS YEAR.

**EXPLAIN ANY AREAS OF CONCERN LISTED ON PG. 2 OF THIS FORM. PLEASE PRINT CLEARLY ATTACH ALL RELEVANT INFORMATION AND INSTRUCTION.**

1	2	3	4	5
CHILD'S NAME	TYPE OF ALLERGY: (DRUG, FOOD, INSECT, ETC.) NAME OF MEDICATION USED: SPECIAL ALERTS: EMERGENCY TREATMENTS:	SPECIAL MEDICATION:  USUAL DOSAGE: POTENTIAL SIDE EFFECTS: EMERGENCY TREATMENTS:	DISEASE OR CONDITION:  TREATMENT: CAUTIONS: OTHER INFORMATION:	IF THE CHILD HAS ANY OF THE LIMITATIONS OR DIFFICULTIES IN THE FOLLOWING AREAS, PLEASE CHECK AND EXPLAIN. ATTACH PAGES, IF NECESSARY.
				<input type="checkbox"/> VISION:  <input type="checkbox"/> SPEECH:  <input type="checkbox"/> HEARING:  <input type="checkbox"/> OTHER:
				<input type="checkbox"/> VISION:  <input type="checkbox"/> SPEECH:  <input type="checkbox"/> HEARING:  <input type="checkbox"/> OTHER:
				<input type="checkbox"/> VISION:  <input type="checkbox"/> SPEECH:  <input type="checkbox"/> HEARING:  <input type="checkbox"/> OTHER:

## UNAUTHORIZED PICK-UP: IF THE PERSON LISTED IS THE CHILD'S PARENT, ATTACH RELEVANT LEGAL DOCUMENTATION.

IS THERE ANYONE WITH WHOM THE STUDENTS LISTED ABOVE ARE NOT TO SOCIALIZE, VISIT OR LEAVE THE CAMPUS? THE SCHOOL WILL SEEK TO COMPLY WITH ALL LEGAL CONSTRAINTS, PROVIDED THAT WE ARE GIVEN COPIES OF RELEVANT LEGAL ORDERS. USE THIS SPACE TO EXPLAIN: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF CUSTODIAL PARENT/LEGAL GUARDIAN      DATE

\_\_\_\_\_  
SIGNATURE OF CUSTODIAL PARENT/LEGAL GUARDIAN      DATE

# ENROLLMENT AGREEMENT

PLEASE PRINT CLEARLY

PRIMARY PAYOR: FIRST MIDDLE LAST SPOUSE' FIRST NAME: \_\_\_\_\_  NA

MAILING ADDRESS: STREET ADDRESS OR P.O. NO. CITY STATE ZIP

STREET ADDRESS (IF DIFFERENT): ADDRESS CITY STATE ZIP

SECONDARY PAYOR: FIRST MIDDLE LAST SPOUSE' FIRST NAME: \_\_\_\_\_  NA

MAILING ADDRESS: STREET ADDRESS OR P.O. NO. CITY STATE ZIP

STREET ADDRESS (IF DIFFERENT): ADDRESS CITY STATE ZIP

STUDENT(S): NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_ NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_ NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

## PAYMENT OPTIONS:

- PAYMENT IN FULL (DUE BY JULY 31, 2009. SAVE \$100 IF PAID IN FULL BY JUNE 1.)
- 10-MONTH PLAN (JULY 20, 2009 - APRIL 20, 2010. INCURS \$38 FEE. ENROLLMENT MUST BE COMPLETED BEFORE JUNE 12. APPLICANT MUST SECURE A FACTS TUITION MANAGEMENT FORM FROM THE SCHOOL OFFICE.)
- 12-MONTH PLAN (JUNE 5, 2009 - MAY 5, 2010. INCURS \$38 FEE. ENROLLMENT MUST BE COMPLETED BEFORE MAY 1. APPLICANT MUST SECURE A FACTS TUITION MANAGEMENT FORM FROM THE SCHOOL OFFICE.)
- ENROLLING AFTER SCHOOL HAS BEGUN? PAYMENTS WILL BE DIVIDED EQUALLY AMONG REMAINING MONTHS. FINAL PAYMENT WILL BE DUE BEFORE MAY 5.

## PLEASE READ CAREFULLY:

Monthly tuition payments will be drafted via Electronic Funds Transfers (EFT) through FACTS Tuition Management. Any EFT returned for insufficient funds will be assessed a \$25 late fee through FACTS. FACTS will continue to draft the account to recover the tuition payment plus applicable fees as stated in the separate agreement signed at the time of enrollment in the FACTS program. A \$25 fee will be charged if there is a change in the EFT regarding payment method, account drafted, transfer date, etc. Additional changes will incur additional \$25 fees.

Families with unresolved delinquent accounts of 60 days or more will not be permitted to attend classes at BCS, will not be enrolled for the following year, and, by signing this agreement, agree that the school may withhold all records (including official transcripts) until full payment is made and accounts are brought current.

By signing this agreement, I (we) agree and acknowledge that the school must make budgetary decisions upon a projection of total enrollment, purchasing supplies and materials, contracting with teachers and staff, and deciding operational issues based upon our agreement and representation to enroll our child for the entire school year. As a result, we agree that we are responsible to the school for tuition for the entire school year. We agree that, in the event that our child is removed from Brazosport Christian School or does not otherwise complete the entire school year for any reason, including but not limited to withdrawal, expulsion, relocation, disciplinary issues, natural disasters, financial issues, health issues or excessive absences, failure to pay tuition in a timely manner, or any other reason, we are still responsible for tuition and fees for the entire school year in the amount set forth in the Tuition & Fees brochure as well as any reasonable expense the school may incur to collect monies due. Appeal of particular circumstances in this regard may be made to the Head of School.

### FOR NEW APPLICANTS

This contract is conditional to the following terms:

1. If admission is denied, the registration fee will be refunded and this Enrollment Agreement will be shredded.
2. If admission is granted, the family will have 15 days from the date of the acceptance notice to inform BCS that they are, indeed, enrolling. After the family informs BCS of this decision to enroll or after the 15 days (whichever comes first, (A) this Enrollment Contract will be executed and (B) the registration fee becomes nonrefundable.

SIGNATURE OF PRIMARY PAYOR

DATE

SIGNATURE OF SECONDARY PAYOR

DATE

**BCS ENROLLMENT AGREEMENT 8**



# CONTRACTUAL AGREEMENT

STUDENT'S NAME: \_\_\_\_\_

**PARENTS' PLEDGE:** We have been given the Brazosport Christian School ("BCS" or "school") Foundational Documents (Mission Statement, Statement of Faith, Code of Conduct and Student Handbook) provided with this application. We agree to respect these documents as foundational to the curricula and authority of BCS. We provide to BCS the authority to discipline our child as necessary in accordance with the laws of the State of Texas and Biblical principle. We will require our child to comply with school regulations and will support the school in word, action and spirit. We understand that a child who persists in unacceptable conduct will face consequences and, at the discretion of the school, may not be allowed to remain at BCS.

**APPLICATION:** As parents, we have completed this application to the best of our ability and have provided all information requested or relevant to our child's educational, psychological and physical needs. By signing this document, we agree that any misrepresentation or omission of vital information in regard to the child's or family's legal status; the child's health and wellbeing; the child's academic or disciplinary record; the child's record of diagnostic, psychological or educational testing; any record the child may have of criminal behavior; or any other facet of the child's history which may impact his or her ability to succeed within the larger school family at BCS may be grounds for administrative action up to and possibly including immediate dismissal. Furthermore, we authorize BCS to accomplish all necessary research and secure information pertinent to the school's enrollment decision.

**RECORDS:** All records, forms and information obtained as a result of the enrollment process or created during the child's period of enrollment at BCS are the property of BCS. We acknowledge and support the school's right to withhold records in the event of non-payment of tuition and/or fees and to charge appropriate fees when complying with legal requirements to produce copies for official purposes.

**PLACEMENT:** BCS pledges to work closely with the parent for appropriate placement of each student. The final decision, however, lies with the administration of the school; we will support the school in this regard.

**GRIEVANCES:** BCS faculty, staff, parents and students are asked to model Biblical problem solving by applying the principles of Matt. 18: 15-19, 35 in seeking to settle differences. Based upon this model, I (we) agree to the following: In the event of questions, concerns or conflict pertaining to student/teacher relations, assignments, classroom procedures, teacher actions, grades, etc., I (we) pledge to first consult with the classroom teacher. Should the meeting with the teacher prove unsatisfactory, I (we) will consult with the teacher and the appropriate principal. If differences still exist, I (we) will seek an appointment with the Head of School. If differences remain after meeting with the Head of School, I (we) may then exercise our right of appeal by submitting a letter explaining our complaint to the Chairman of the Board of Directors who will then decide upon an appropriate course of action. If I (we) have exhausted all other prescribed means of resolving dispute, I (we) agree to submit our differences to Biblically based mediation, with each party sharing mediation costs equally. In the event mediation does not result in resolution of the dispute, the matter shall be submitted to a panel of three arbitrators for binding arbitration. Selection of arbitrators and the arbitration process shall be conducted in accordance with the then-current Rules of Procedure for Christian Conciliation of the Institute for Christian Conciliation as provided in the Guidelines for Christian Conciliation ([www.HisPeace.org](http://www.HisPeace.org)). What I (we) will NOT do is to gossip to other members of the school family, seek to draw other members of the school family into our grievances, lobby individual members of the Board of Directors or school staff or administration, or encourage our child(ren) or any other person to defy or demean the authority of the teacher or school. I (we) further agree that, if indeed I (we) file suit against the school, its representatives and/or employees, I (we) will withdraw our students from BCS and seek enrollment elsewhere.

**MEDIA RELEASE:** We, the undersigned, hereby give BCS permission to photograph, interview or video our child and/or display his/her work. Photos, interviews, video or student work may be used to promote or advertise BCS at school functions, in school publications, on the school website or in outside media or events. We will not ask or expect financial remuneration for such usage, and we hereby release the school, employees, photographers/videographers or any other school assign from any liability or damages arising from the use of said material for public viewing.

**TUITION & FEES POLICY:** By signing this application, I (we) agree and acknowledge that the school must make budgetary decisions upon a projection of total enrollment, purchasing supplies and materials, contracting with teachers and staff, and deciding operational issues based upon our agreement and representation to enroll our child for the entire school year. As a result, we agree that we are responsible to the school for tuition for the entire school year. We agree that, in the event that our child is removed from BCS or does not otherwise complete the entire school year for any reason, including but not limited to withdrawal, expulsion, relocation, disciplinary issues, natural disasters, financial issues, health issues or excessive absences, failure to pay tuition in a timely manner, or any other reason, we are still responsible for tuition and fees for the entire school year as well as any reasonable expense which the school may assume in serving to collect monies due. Appeal of particular circumstances in this regard may be made to the Head of School.

**MEDICAL INSURANCE:** We are responsible for all expenses associated with our child's medical needs, accidents or emergencies while attending BCS. We assume responsibility for professional services to care for our child in any emergency and agree to hold harmless BCS, its employees, agents and/or assigns for and against any or all loss, damage or associated expense. Insurance which the school may carry will, at best, be secondary to our family or personal coverage.

**DRUG TESTING (Grades 7-12):** I (we), the undersigned, do grant permission for and consent to our child being tested for substance abuse/misuse. We understand that evidence of misuse of legal or illegal substances may result in disciplinary action. Students, grades 7-12, who are transferring into BCS between Aug. 1 and June 1 must be tested as part of the admissions process and will be charged \$75, payable with application fees, for that procedure.

Father/Guardian Signature: \_\_\_\_\_ Mother/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature (Grades 7-12): \_\_\_\_\_ Date: \_\_\_\_\_

The student, grades 7-12, and the two (2) persons who are legally responsible for this Application **MUST** sign.  
If only one parent is responsible, please indicate by writing "Non-Applicable" in place of the second signature.

# BCS ENROLLMENT APPLICATION ?