

## **BRENTWOOD CHRISTIAN SCHOOL** APPLICATION FOR ADMISSION – ELEMENTARY

| Office Use Only |
|-----------------|
| Grade           |
| Year            |
| P. Status       |
| Fees paid       |
|                 |

11908 North Lamar Boulevard, Austin, Texas 78753 (512)835-5983

| Last         Nickname         Home Address         Ethnicity      C         Home Phone (or best number for reaching parents)   | tizenship<br>First one | 1 (<br>G<br>G<br>Mide<br>City<br>Occ | CityPla<br>rade Applying<br>dle Initial<br>E-mail | g For<br>Living_                | _School       | Year 20<br>Decease |                 |
|--|------------------------|--------------------------------------|---|---------------------------------|---------------|--------------------|-----------------|
| Home AddressC EthnicityC Home Phone (or best number for reaching parents) FATHER'S NAME Cell PhoneBusiness Ph Home AddressC Religious PreferenceChn MOTHER'S NAME Last Cell PhoneBusiness Ph Home Address EmployerReligious PreferenceChn            | tizenship<br>First one | G<br>G<br>Mide<br>City<br>Occ        | CityPla<br>rade Applying<br>dle Initial<br>E-mail | ce of Birth<br>5 For<br>Living_ | _School       | Year 20<br>Decease | 20              |
| Ethnicity C Home Phone (or best number for reaching parents) FATHER'S NAME Last Cell Phone Business Ph Home Address Ch MOTHER'S NAME Last Cell Phone Business Ph Home Address Employer Business Ph Home Address Ch                                   | First one              | G<br>Mide<br>City<br>Occ             | rade Applying<br>dle Initial<br>E-mail            | g For Living_                   | _School       | Year 20<br>Decease | - 20            |
| FATHER'S NAME  | First one              | CityOco                              | dle Initial<br>E-mail                             | Living_                         | _             | Decease            |                 |
| Last         Cell Phone Business Ph         Home Address         Employer Ch         MOTHER'S NAME         Last         Cell Phone Business Ph         Home Address         Employer         Religious Preference Ch         Religious Preference Ch | one                    | CityOco                              | dle Initial<br>E-mail                             |                                 |               |                    | ;d              |
| Cell PhoneBusiness Ph<br>Home Address<br>Employer<br>Religious PreferenceChr<br>MOTHER'S NAME<br>Cell PhoneBusiness Ph<br>Home Address<br>Employer<br>Religious PreferenceChr  | one                    | CityOco                              | E-mail  |                                 |               |                    |                 |
| Employer Chr<br>Religious Preference Chr<br>MOTHER'S NAME<br>Cell Phone Business Ph<br>Home Address<br>Employer<br>Religious Preference Chr  | irch You Attend        | Oco                                  |   |                                 |               |                    |                 |
| Religious Preference Che<br>MOTHER'S NAME<br>Cell Phone Business Ph<br>Home Address<br>Employer<br>Religious Preference Che  | urch You Attend        |                                      |   |                                 | _State        | Zip                |                 |
| MOTHER'S NAMELast Cell PhoneBusiness Ph Home Address EmployerReligious PreferenceChr   |                        |                                      | cupation/Title_                                   |                                 |               |                    |                 |
| Cell PhoneBusiness Ph<br>Home Address<br>EmployerReligious PreferenceChr   |                        |                                      |   |                                 |               | _ Member? (Circ    | ele one) Y or N |
| Cell PhoneBusiness Ph<br>Home Address<br>EmployerReligious PreferenceChr   | First                  | 201                                  | dle Initial                                       | Living_                         |               | Decease            | ed              |
| EmployerReligious PreferenceChr  |                        |                                      |   |                                 |               |                    |                 |
| EmployerReligious PreferenceChr  |                        | City                                 |   |                                 | _State        | Zip                |                 |
|  |                        |                                      | cupation/Title_                                   |                                 |               |                    |                 |
| BIRTH PARENTS: Married Separated   | urch You Attend        |                                      |   |                                 |               | _ Member? (Circ    | ele one) Y or N |
|  | Divorced               | Widow                                | ed  |                                 |               |                    |                 |
| If separated or divorced, who has custody of the child(ren)?_  |                        |                                      |   | If remarrie                     | ed, fill ou   | t appropriate sect | ions below:     |
| STEPFATHER'S NAME  |                        |                                      |   | Living_                         |               | Decease            | ed              |
| Last Cell Phone Business Ph  |                        |                                      | ldle Initial<br>E-mail                            |                                 |               |                    |                 |
| Home Address   |                        | City                                 |   |                                 | _State        | Zip                |                 |
| Employer   |                        | Oco                                  | cupation/Title_                                   |                                 |               |                    |                 |
| Religious Preference Chu   | urch You Attend        |                                      |   |                                 |               | _ Member? (Circ    | ele one) Y or N |
| STEPMOTHER'S NAME  |                        |                                      |   | Living                          |               | Decease            | :d              |
| Last Cell Phone Business Ph  | First<br>one           | Mi                                   | ddle Initial<br>E-mail                            |                                 |               |                    |                 |
| Home Address   |                        | City                                 |   |                                 | _State        | Zip                |                 |
| Employer   |                        |                                      | cupation/Title_                                   |                                 |               |                    |                 |
| Religious Preference Chu   | urch You Attend        |                                      |   |                                 |               | _ Member? (Circ    | ele one) Y or N |
| <u>SIBLINGS</u> <u>Age</u>   | <u>School Attendi</u>  | ng                                   |   | <u>Grade</u>                    | <u>Is Sit</u> | oling Applying f   | or Admission?   |
|  |                        |                                      |   |                                 |               |                    |                 |
| GRANDPARENTS Address   |                        |                                      | City  | Sta                             | ite           | Zip                |                 |
|  |                        |                                      |   |                                 |               |                    |                 |
| Name(s) of School(s) Attended <u>City/State</u>  |                        |                                      |   |                                 |               |                    |                 |

## MEDICAL HISTORY

| Allergies:                       | M  | edication:  |                         |  |  |  |
|----------------------------------|--|---|-------------------------|--|--|--|
| Physical condition(s) which wou  | uld limit participation in any school activiti | es:   |                         |  |  |  |
| Vision: corrective lenses for    |  | _ Other:  |                         |  |  |  |
| PARTICIPATION IN SPECI           | AL PROGRAMS:                                   |   |                         |  |  |  |
| Gifted/Talented:                 | Accelerated Program:                           | Learning Disability:  | Behavior Management:    |  |  |  |
| Hyperactivity:                   | Emotional Disturbance:                         | Attention Deficit Disorder:   | Individualized Ed Plan: |  |  |  |
| Resource Classes:                | (List subject)                                 | _ Remediation:(List subjec  | t)                      |  |  |  |
| Futoring: Classes:               |  | Advanced Classes:   |                         |  |  |  |
| *Please see the school policy of | n admission of students with learning dis      | sabilities before submitting an application.                                    |                         |  |  |  |
| Undergone Counseling or Testir   | ng for: Emotional: Behavior: _                 | Learning Disability:  |                         |  |  |  |
| State diagnosis or prognosis:    |  |   |                         |  |  |  |
|                                  |  | No If yes, please attach the doc<br>should expect to be admitted to Brentwood   |                         |  |  |  |
|                                  |  | r family has had with Brentwood Christian S<br>r BCS employee: Former BCS board |                         |  |  |  |

## PLEASE READ CAREFULLY

\* All new students must have a complete health checkup before school starts. \*An up-to-date immunization must be furnished by the physician. \* Students participating in after-school sports must have an athletic physical exam. \* All students must have a copy of their birth certificate on file.

## ADMISSION POLICY

Brentwood Christian School admits students of any race, color, or national or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. Also, BCS does not discriminate on the basis of sex except in religious exercises, as necessitated by specific religious tenets held by the institution and its controlling body.

- 1. Applicants transferring from other schools must have a satisfactory average for the previous two semesters of work.
- 2. A satisfactory score on an entrance examination is required for admission.
- 3. Applicants must have a good conduct and attendance record for any previous schooling.
- 4. All new students are on academic and conduct probation for a period of one year and must maintain a satisfactory average and a good conduct record to be enrolled the following year.
- 5. Priority will be given to applications according to the following factors:
  - a. Present students wishing to continue will have priority status until March 1.
  - b. Siblings of enrolled students will have priority status until March 1.
  - c. Children enrolled in the Children's Ark and Developmental Preschool will have priority status until March 1.
  - d. Other applications will be evaluated in regard to the family's commitment to Christian education and the student's academic and behavioral record in any previous schooling.
- 6. Students who are accepted for admission to Brentwood Christian School indicate by virtue of attending classes that they and their parents pledge to abide by all school regulations and policies.

I understand that my child is not admitted to Brentwood Christian School until (a) this form is completed (both sides) and all its requirements have been met, (b) other required forms and steps have been completed, and (c) written acknowledgment of admission is received from the principal. I understand that a contract for the full year is required for admission and that no deduction or remission of tuition can be allowed for absence, withdrawal, or dismissal. I understand that giving false or misleading information may provide grounds for revoking admission.

<u>I further understand that the Annual Fee required with this application is NOT refundable under any circumstances except in the event that 1) my child is not accepted as a student or 2) no place is available for my child by September 1<sup>st</sup> of the school year for which the application is made. The non-refundable application fee is a one-time fee required for grades kindergarten through 12. The application and annual fees for non-U.S citizens are non-refundable regardless of acceptance.</u>

| Date  | Signed         |             |               |  |  |  |  |
|---|----------------|-------------|---------------|--|--|--|--|
| Parents or Legal Guardian   |                |             |               |  |  |  |  |
| Incomplete or unsigned applications will not be considered. Applications must be submitted with appropriate fees. |                |             |               |  |  |  |  |
| For Office Use Only: Application Fee:   | Check Number:  | Annual Fee: | Check Number: |  |  |  |  |
| Date Application Submitted with all fees:   | Recommended b  |             |               |  |  |  |  |
| Accepted for Grade: Dat   | e of Entrance: |             |               |  |  |  |  |