



Bethlehem Christian Academy

"Beacon of Excellence"

4 Harrison Bridge Road * Simpsonville, South Carolina 29681

REGISTRATION APPLICATION

Date of Application _____

Student's Personal Information

Student's Name: _____

Sex _____ Date of Birth _____ Age _____ Grade applying for _____

Daytime Phone (_____) _____ Evening (_____) _____

Present Address _____

City _____ State _____ Zip _____

School last attended _____

Address of school _____

City _____ State _____ Zip _____ Phone _____

If home-schooled, which grade (s)? _____

If so, give the name of enforcing school district governing home school requirements:

Has this student participated in standardized testing? Yes No

If so, which test (s)? _____

Has this student skipped or repeated any grades? Yes No

If so, which grade(s)? _____

Has this student ever been suspended expelled referred to administration for discipline? If so, please explain:

CONTACT/INFORMATION

Emergency Contact:

Name: _____

Work Phone: _____ Home Phone: _____

Relationship to child: _____

Allergies: _____

List medications taken regularly: _____

Father:

Address (If Different) _____

Occupation/Employer _____ Part-Time Full-Time

Business Phone _____ Cell _____

E-mail Address _____

If divorced, which parent has legal custody? _____

Are there restrictions on custody, visitation, etc. of which we should be aware? If yes, provide documentations.

Mother:

Address (If Different) _____

Occupation/Employer _____ Part-Time Full-Time

Business Phone _____ Cell _____

E-mail Address _____

If divorced, which parent has legal custody? _____

Are there restrictions on custody, visitation, etc. of which we should be aware? If yes, provide documentations.

Grandparent/Custodial Guardian:

Name: _____

Address: _____

City: _____ State _____ Zip: _____

Relationship to child: _____

E-mail: _____ Phone: _____