



Educational Excellence . . . in a caring, Christian Atmosphere

2023-2024 Application for Enrollment

	Legal Name/Last	First	Middle	(Preferred)	M/F	DOB	Age	Grade for 2023/2024	Student email or cell #
1.									
2.									
3.									
4.									
5.									
6.									

Parent/Step-Parent/Guardian Student Resides With

Natural parents are: ☐ Married ☐ Separated ☐ Divorced ☐ Mother deceased ☐ Father deceased ☐ Other

Father/Step-Father/Guardian			Relationship
Cell #	Employer	Occupation	Work #
Email			
Church Member [] yes [] no	Church Name		Church #
Mother/Step-Mother/Guardian			Relationship
Cell #	Employer	Occupation	Work #
Email			
Church Member [] yes [] no	Church Name		Church #
Home Address		City	Zip Code
Home #			

Emergency & Transportation Information

EMERGENCY CONTACTS (other than custodial parents) Individuals to reach in case of emergency listed in order of preference:

Name _____	Relationship _____	H# _____	C# _____
Name _____	Relationship _____	H# _____	C# _____
Name _____	Relationship _____	H# _____	C# _____

PROVIDE TRANSPORTATION (other than custodial parents) Individuals who have permission to transport my children:

Name _____	Relationship _____	H# _____	C# _____
Name _____	Relationship _____	H# _____	C# _____

Medical Information

Doctor _____ Phone _____ Address _____
 Dentist _____ Phone _____ Address _____
 Hospital _____ Phone _____ Address _____

In the event our child (children) become(s) ill or sustain(s) injury while in the care of Beth Eden Baptist School and the school is unable to reach us, we give our permission to those in charge to take whatever steps are necessary. If it is not possible to reach the physician named, consent is given to any licensed physician or dentist to perform such emergency procedures as he thinks the existing emergency requires.

Student Name	Student Name
Allergies (list type & severity):	Allergies (list type & severity):
Other medical conditions:	Other medical conditions:
Medications needed at school (must be in original package with detailed instructions):	Medications needed at school (must be in original package with detailed instructions):

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Allergies (list type & severity):	Allergies (list type & severity):
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Student Name	Student Name
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Other medical conditions:	Other medical conditions:
Medications needed at school (must be in original package with detailed instructions):	Medications needed at school (must be in original package with detailed instructions):

Permission/Agreement

Permission to administer Tylenol - ☐ yes ☐ no

Permission to give phone numbers and/or home address to other school families - ☐ yes ☐ no

Permission to use images/quotations/names in BEBS materials/media/website/ Knights News - ☐ yes ☐ no

Please make sure school has a copy of birth certificate and current immunization record.

School last attended _____ Phone _____

By signing this form, my enrolled child(ren) and I agree to adhere to the policies and rules as stated on this enrollment form and in the BEBS Student Handbook. Beth Eden Baptist School reserves the right to revise the Student Handbook. If a revision should occur, an official notice will be issued stating the revision.

Father/Guardian Signature	Print Name	Date	Mother/Guardian Signature	Print Name	Date
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