



Educational Excellence . . . in a caring, Christian Atmosphere

2023-2024 International Student Application for Enrollment

Applicant Information

Student's Legal Name/Last		First	Middle	(Preferred Name or Nickname)
Home Address		City	State	Zip Code
Male/Female	Age	Date of Birth (Month/Day/Year)	Country of Birth	Country of Citizenship
Home Telephone Number	Email Address	Month/Year of Proposed Entrance		
First Language	SEVIS ID #	Cell Phone #		

Guardian/Host Family Information

Name of Guardian #1		
Address	City	Zip Code
Home #	Cell #	Work #
Email Address		
Name of Guardian #2		
Home #	Cell #	Work #
Email Address		
Dates the student is living with the host family: ____/____/____ (DD/MM/YY) until ____/____/____ (DD/MM/YY)		
Is the host family the same person who will be providing guardianship? Yes or No (please circle one)		
Does the host family provide legal and medical representation? Yes or No (please circle one)		

Parent Information

Name of Father	Email Address	Phone Number
Name of Mother	Email Address	Phone Number
Country of Residence		

Communication Information

EMAIL COMMUNICATIONS FROM TEACHERS SHOULD BE SENT TO ☐ Father ☐ Mother ☐ Guardian ☐ Student

BILLING COMMUNICATIONS SHOULD BE SENT TO ☐ Father ☐ Mother ☐ Guardian

DOCUMENTS WHERE LEGAL PERMISSION ARE REQUIRED SHOULD BE SENT TO ☐ Father ☐ Mother ☐ Guardian

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,

Allergies (list type & severity):

Other medical conditions:

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 - ☐ yes ☐ no

Please provide a copy of a birth certificate or passport, current immunization records and academic transcripts.

All of these records must be translated into English.

School last attended _____ Phone _____

Address _____ City _____ State _____ Zip _____

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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