

# ADMISSION APPLICATION 2019-2020

## Beacon Christian School

Grade Level \_\_\_\_\_

**Student Info**

Student's Full Legal Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
 Social Security Number \_\_\_\_\_ — \_\_\_\_\_ — \_\_\_\_\_ Gender:  Male  Female  
 Place of Birth (City, State) \_\_\_\_\_ Race/Ethnicity \_\_\_\_\_  
 Birth Certificate Issued at \_\_\_\_\_  
 Family E-mail Address \_\_\_\_\_  
 Is the student a baptized Seventh-day Adventist?  Yes  No Baptism Date \_\_\_\_\_  
 Student attends church at (local church) \_\_\_\_\_  
 Student lives with (check all that apply):  
 Father & Mother  Father  Mother  Stepfather  Stepmother  Other (specify) \_\_\_\_\_

**Father**

Full Legal Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ — \_\_\_\_\_ — \_\_\_\_\_  
 Work Phone \_\_\_\_\_ Employed at \_\_\_\_\_ Occupation \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Residence Address \_\_\_\_\_ Zip \_\_\_\_\_  
 Mobile Phone/Pager \_\_\_\_\_ Mailing Address \_\_\_\_\_ Zip \_\_\_\_\_  
 E-mail Address if different from above \_\_\_\_\_  
 Religion \_\_\_\_\_ Church Membership \_\_\_\_\_

**Mother**

Full Legal Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ — \_\_\_\_\_ — \_\_\_\_\_  
 Work Phone \_\_\_\_\_ Employed at \_\_\_\_\_ Occupation \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Residence Address \_\_\_\_\_ Zip \_\_\_\_\_  
 Mobile Phone \_\_\_\_\_ Mailing Address \_\_\_\_\_ Zip \_\_\_\_\_  
 E-mail Address if different from above \_\_\_\_\_  
 Religion \_\_\_\_\_ Church Membership \_\_\_\_\_

**MED**

Physician \_\_\_\_\_ Phone \_\_\_\_\_  
 Immunization Record Submitted  Yes  No Last Tetanus Shot \_\_\_\_\_ Allergies \_\_\_\_\_

**Contacts**

Please list names of two local relatives/friends who have consented to assume responsibility of your child in case of the child's illness or accident if you can not be reached.

Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Name \_\_\_\_\_ Phone \_\_\_\_\_

**Financial**

	Kindergarten	Grades 1-9	Family
<b>Entrance Fee</b> (non-refundable)	\$390 per student	\$405 per student Gr.1-8; \$410 per student Gr. 9	\$57 per home-schooled (band only) student
<b>Monthly Tuition</b> (billed over 10 months Aug.—May)	\$368 per student full-day program; (\$272 half-day)	\$368 first K-8 student/fam. \$338 2nd K-8 student/fam. \$333 3rd K-8 student/fam. \$392 / 9th grader	\$368 / 1 student in grades K-8 \$706 / 2 students in grades K-8 \$1039 / 3 students in grades K-8 \$29 / band only

Families are encouraged to pay their entrance fee in June and the first tuition payment in August. **The entrance fee and first month of tuition must be paid on the date of registration**, with each additional payment due by the 10th of each month. By signing (on the back), you are accepting the above conditions and agree to keep the account current.

**Please turn over**

**ADMISSION APPLICATION — Page Two**  
**STUDENT NAME** \_\_\_\_\_

**NEW STUDENTS**

Do you have an unpaid account at any other school?  Yes  No If yes, amount \$ \_\_\_\_\_

If yes, name of school: \_\_\_\_\_ When will it be paid in full? \_\_\_\_\_

Has the student been suspended or asked to withdraw from any school?  Yes  No

If yes, for what reason? \_\_\_\_\_

**RECORDS REQUEST:** \_\_\_\_\_ is presently enrolled in the Beacon Christian School.  
 (student name)

The signature below authorizes release of the student's records to us. Please send school and health records and any other helpful information to **Beacon Christian School, 615 Stewart Ave. Lewiston, ID 83501.**

\_\_\_\_\_  
 (Name of Previous School)

\_\_\_\_\_  
 (Signature of parent or guardian)

\_\_\_\_\_  
 (Date)

**PERMISSION**

- Permission is given for photos to be used in school publications; including the yearbook, newsletter, and website.
- Permission is given for photos to be used in the school-prepared newspaper articles.
- Permission is given for photos to be used in the school brochure advertisement.
- Permission is given for student to attend field trips—Children are transported by teachers and volunteers who are properly insured. A notice will be put in the *Beacon Bugle* or a note will be sent home before each field trip. A signature is required only if the field trip is out of the Metropolitan Area.

\_\_\_\_\_  
 (parent/guardian signature)

\_\_\_\_\_  
 (date)

**POLICIES**

- I agree to follow the guidelines in the Beacon Christian School Handbook.

\_\_\_\_\_  
 (student signature)

\_\_\_\_\_  
 (date)

- I have read the Beacon Christian School Handbook and will support the guidelines there.
- I have read the Parent's Commitment and agree to support the school program as stated in the handbook.

\_\_\_\_\_  
 (parent/guardian signature)

\_\_\_\_\_  
 (date)

**Forms**

(Office Use Only)

- Entrance Fee Paid  First Month's Tuition Paid  Finances Cleared
- Student Application Completed  Student Information Form  Consent to Treatment  Computer User Agreement Form
- Health Permission Form  Beacon Booster Parent Volunteer Program Form  Driver Record/Field Trip Driver Form
- New Students:**  Records Release from previous school  3 Recommendation Forms  Immunization Record Completed
- Copy of Birth Certificate  Copy of previous Report Card  Copy of previous Standardized Achievement Test