

# ADMISSION APPLICATION 2022-2023

## 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) \_\_\_\_\_

Specify which parents request having the school newsletter and other notices e-mailed to them: \_\_\_\_\_

**Father**

Full Legal Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ — \_\_\_\_\_ — \_\_\_\_\_

Work Phone \_\_\_\_\_ Employed at \_\_\_\_\_ Occupation \_\_\_\_\_

Home Phone \_\_\_\_\_ Residence Address \_\_\_\_\_ Zip \_\_\_\_\_

Mobile Phone \_\_\_\_\_ Mailing Address (if different) \_\_\_\_\_ 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 (if different) \_\_\_\_\_ 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 Due July 10)        | \$415 per student | \$415 per student   | \$60 per home-schooled (band only) student   |
| <b>Monthly Tuition</b> (billed over 10 months Aug.—May) | \$390 per student | \$390 first K-8 student/fam.<br>\$360 2nd K-8 student/fam.<br>\$355 3rd+ K-8 student/fam.<br>\$415 / 9th grader | \$390 / 1 student in grades K-8<br>\$750 / 2 students in grades K-8<br>\$1105 / 3 students in grades K-8<br>\$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)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 (Address of previous school) (Current Address of parent/student)

**PERMISSION**

- Permission is given for photos to be used in school publications, including the yearbook and newsletter.
- Permission is given for photos (without names) to be used in the school-prepared newspaper articles.
- Permission is given for photos (without names) to be used in a school brochure, advertisement, or website.
- 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 sent home before each field trip. A separate 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.
- 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.

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