



# BREVARD CHRISTIAN SCHOOL

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...Because students matter

Application for Admission  
2010-2011 School Year

# Application for Admission

## Family Profile

Please print using blue or black ink. Do not leave blanks. Use "n/a" where needed.

Date \_\_\_\_\_

### I. CONTACT INFORMATION

Father's Name \_\_\_\_\_ Place of Employment \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Place of Employment \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Father's Email Address \_\_\_\_\_ Mother's Email Address \_\_\_\_\_ Guardian's Email Address \_\_\_\_\_

Guardian's Name \_\_\_\_\_ Place of Employment \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Family Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Child Resides With \_\_\_\_\_

Marital Status: Married \_\_\_\_\_ Single Parent \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_

### II. CHILDREN APPLYING FOR ENROLLMENT

List oldest child first

Last, First, Middle Name, Nickname \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security # \_\_\_\_\_ Grade Entering \_\_\_\_\_ School Last Attended \_\_\_\_\_ Ethnicity \_\_\_\_\_

Last, First, Middle Name, Nickname \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security # \_\_\_\_\_ Grade Entering \_\_\_\_\_ School Last Attended \_\_\_\_\_ Ethnicity \_\_\_\_\_

Last, First, Middle Name, Nickname \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security # \_\_\_\_\_ Grade Entering \_\_\_\_\_ School Last Attended \_\_\_\_\_ Ethnicity \_\_\_\_\_

Last, First, Middle Name, Nickname \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security # \_\_\_\_\_ Grade Entering \_\_\_\_\_ School Last Attended \_\_\_\_\_ Ethnicity \_\_\_\_\_

Last, First, Middle Name, Nickname \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security # \_\_\_\_\_ Grade Entering \_\_\_\_\_ School Last Attended \_\_\_\_\_ Ethnicity \_\_\_\_\_

**CUSTODY**  Both parents  Father  Mother  Guardian

Who is responsible for financial agreement with Brevard Christian School? \_\_\_\_\_

Name and address of non-custodial parent if not listed above \_\_\_\_\_

Should the non-custodial parent: Receive school correspondence?  yes  no Receive academic reports?  yes  no

Who has legal custody of the student(s)? \_\_\_\_\_ (attach copy of custody papers)

## V. CHURCH AFFILIATION/MEMBERSHIP

Church name \_\_\_\_\_ Denomination \_\_\_\_\_

### Church Attendance

	Member		Attendance			
	Yes	No	Weekly	Frequently	Infrequently	# of Yrs
Student						
Head of Household						
Spouse						

Note: church attendance is not required to be a student at Brevard Christian School.

## VI. SCHOOL HISTORY

School(s) previously attended, beginning with the most recent:

School Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 Grade(s) Attended \_\_\_\_\_ Dates \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

School Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 Grade(s) Attended \_\_\_\_\_ Dates \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
 (use separate sheet to list more than one student)

## VII. STUDENT PROFILE

Student name, if yes: \_\_\_\_\_

Has your child ever been tested for giftedness?  No  Yes \_\_\_\_\_  
 Has your child ever been tested for learning disabilities?  No  Yes \_\_\_\_\_  
 Has your child previously received special services?  No  Yes \_\_\_\_\_  
 (i.e. tutoring, resource classes, modified programs.)  
 Has your child ever repeated a grade? (If so, list grade \_\_\_\_\_)  No  Yes \_\_\_\_\_  
 Has your child ever skipped a grade? (If so, list grade \_\_\_\_\_)  No  Yes \_\_\_\_\_  
 Has your child ever been suspended, expelled or asked to withdraw?  No  Yes \_\_\_\_\_  
 Has your child been involved w/ alcohol, drugs, or sexual immorality?  No  Yes \_\_\_\_\_

why is your child withdrawing from his/her present school? \_\_\_\_\_  
 \_\_\_\_\_

Why have you selected BCS for your child's education? \_\_\_\_\_  
 \_\_\_\_\_

## VIII. ACCEPTANCE AND PLACEMENT

In making application, I understand that: *(please initial after reading each sentence)*

BCS reserves the right of refusal of any applicant after being reviewed. \_\_\_\_\_

The Administration has full discretion in placing students in the proper grade. \_\_\_\_\_

The Administration has full discretion in testing and/or screening my child. \_\_\_\_\_

All applicants and their parent/guardian in grades must attend an admission interview. \_\_\_\_\_

All students in grades 7<sup>th</sup> through 12<sup>th</sup> will be subject to a drug screening upon acceptance. \_\_\_\_\_

All screenings must be performed no more than three (3) days prior to the first day of school and no later three (3) days after the first day of school. Students enrolling after the first day of the school year must be screened within three (3) days of the day on which they begin classes.

**All students entering BCS must provide all documents listed. Please note that those entering K5 or 7<sup>th</sup> grade have additional immunization requirements. They will not be able to enter school without updated shot records.**

**VI. REQUIRED DOCUMENTS**

The following documents are required to accompany this Application for Enrollment:

<b>All</b>	Notarized Parental Consent Form	_____
<b>Students</b>	911 Emergency Information	_____
	Notarized Liability Release Form	_____
<b>PK</b>	Birth Certificate (copy)	_____
	Immunization Records (up-to-date)	_____
	<b>(DH 680 – original blue form )</b>	
	Florida Physical (copy) <b>(DH – original yellow form)</b>	_____
	Confirmation of Potty Training (office provided)	_____
<b>K-8<sup>th</sup></b>	Birth Certificate (copy)	_____
	Immunization Records (up-to-date)	_____
	<b>(DH 680 – original blue form )</b>	
	Florida Physical (copy) <b>(DH – original yellow form)</b>	_____
	Report from most recent school	_____
	FCAT/SAT tests scores	_____
<b>9<sup>th</sup>-12<sup>th</sup></b>	Birth Certificate (copy)	_____
	Immunization Records (up-to-date)	_____
	<b>(DH 680 – original blue form )</b>	
	Florida Physical (copy) <b>(DH – original yellow form)</b>	_____
	Report from most recent school	_____
	FCAT/SAT tests scores	_____
	Official transcript from current/last school	_____
	Varsity Athletics (FHSAA)	
	FHSAA Preparticipation Physical*	_____
	FHSAA Consent Form*	_____

\*These forms are only required for students participating on a Varsity athletics.  
Forms are available in school office, online at FHSAA.org, and [www.brevardchristianschool.com](http://www.brevardchristianschool.com) (Athletics link)

## VII. PARENT/SCHOOL COVENANT

The link between BCS and the parents/guardians of BCS students is perhaps the most important element in the total educational experience. Therefore, please read the following Parent/School Covenant and indicate agreement/support by signing the name of parents/guardians and the date when this agreement was read and signed: *(please initial after reading each sentence)*

I (we) agree to support the members of BCS faculty, staff, and administration. This support includes showing proper respect to all school personnel and agreeing to bring questions or criticism regarding procedure or discipline directly to the administration or the teacher involved (Matthew 18 Principle). I will also support the standards of the school in its philosophy and policies: academic, behavioral, spiritual, dress and moral, including Internet/Computer Usage. \_\_\_\_\_

I (we) will support BCS's discipline policy and practices. \_\_\_\_\_

I (we) give permission to BCS to teach all elements of the Statement of Faith to my (our) child and am willing to support the school in its endeavors to encourage and guide my (our) child in applying this to everyday life. I realize that a Christian school is not a substitute for the spiritual training, fellowship, and discipline of the home and local church. I (we) agree to pray for the ministry of the school, the staff members, and other families as I (we) join in partnership with BCS. \_\_\_\_\_

I (we) assume the responsibility for my (our) student's education by supervising assigned homework, being an encourager, and initiating regular contact with my student's teacher(s). \_\_\_\_\_

I (we) agree to ensure my (our) child's attendance on a daily basis unless prohibited by illness or other extenuating circumstances. I (we) have read and understand the BCS policies in regards to being tardy and absent. \_\_\_\_\_

I (we) will support the school by being involved in my (our) child's education through attendance and participation in the various activities of the school, including any meetings being held for parents. \_\_\_\_\_

I (we) agree to meet all of my (our) financial obligations to Brevard Christian School, understanding that staff salaries depend on tuition payments. I (we) am aware that report cards will not be issued to students whose accounts are 30 days or more past due. Students whose accounts become 60 days past due will be suspended from classes. I (we) agree that if my payment is not received in the office by the 20<sup>th</sup> of each month a \$25 late fee will be assessed. I (we) also understand that \$25 fee will be charged to my (our) account for any items returned by the bank. I (we) understand that if I withdraw an enrolled child during a semester, or if the school expels my child, I (we) am still obligated to finish out my financial obligation for the current month. I (we) also understand that no school records will be released until all financial obligations have been met.

**Mother/Guardian** \_\_\_\_\_ **Father/Guardian** \_\_\_\_\_

( ) Consent to and authorize ( ) Do not consent to  
.....the use and reproduction by BCS of any and all photographs and any other audio/visual materials taken of my child for promotional material, educational activities, exhibitions or for any other use for the benefit of the school. \_\_\_\_\_

I (we) will support BCS, to the best of our ability through prayer, volunteering time and participation in fund raising activities. \_\_\_\_\_

I (we) agree when we are no longer in a position to honor one or more of the above commitments, the only solution may be for my relationship with BCS to be terminated.

\_\_\_\_\_  
Parent/Guardian Date

\_\_\_\_\_  
Parent/Guardian Date

### ADMINISTRATIVE COMMENTS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Parent Consent Form

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade Level \_\_\_\_\_

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade Level \_\_\_\_\_

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade Level \_\_\_\_\_

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade Level \_\_\_\_\_

Address: \_\_\_\_\_ Tel. # (\_\_\_\_) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

School: **Brevard Christian School, West Melbourne, FL**

Parent's Work Telephone #: Mother (\_\_\_\_) \_\_\_\_\_ Father (\_\_\_\_) \_\_\_\_\_

### **TO WHOM IT MAY CONCERN:**

The undersigned do (does) hereby give permission for the children listed above to attend and participate in activities sponsored by Brevard Christian School.

I (we) authorize an adult, in whom care of the minor has been entrusted, to consent to x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment in hospital care, to be rendered to the child/minor under general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Florida Medical Practice Act on the medical staff of a licensed hospital, whether surgical diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child/minor or pursuant to this authorization.

Should it be necessary for my (our) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

The undersigned does also hereby give permission for my (our) child/minor to ride in the vehicle designated by the adult in which care of the child/minor has been entrusted with during and participating in activities sponsored by Brevard Christian School.

\_\_\_\_\_  
Father/Legal Guardian

\_\_\_\_\_  
Mother/Legal Guardian

\_\_\_\_\_  
Emergency Contact

\_\_\_\_\_  
Relationship to student

\_\_\_\_\_  
Telephone Number

Medical Insurance  Yes  No

(Student accident policy information is available from the school office)

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Primary Care Physician \_\_\_\_\_ Tel. # \_\_\_\_\_

Parent Name \_\_\_\_\_ Signature \_\_\_\_\_

On this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me, the undersigned notary public, personally appeared \_\_\_\_\_ proved to me through satisfactory evidence of identification, which were \_\_\_\_\_ to be the person(s) whose name(s) is/are signed above.

Signature of Notary \_\_\_\_\_

My commission expires on \_\_\_\_\_

SEAL



# LIABILITY RELEASE FORM

(Release of All Claims)

In consideration for being accepted at Brevard Christian School for participation in Brevard Christian School trips/activities, we, being twenty-one years of age or older, do, for ourselves, and for and on behalf of my/our child-participant (herein referred to as Participant) if said participant is not twenty-one years of age or older, do hereby release forever, discharge and agree to hold harmless Brevard Christian School and the directors thereof from any and all liability, claims or demands of personal injury, sickness or death, as well as property damage and expense, of any nature whatsoever which may be incurred except that which is the result of gross negligence and/or willful wanton misconduct,

Furthermore, we (and on behalf of our/my participant if under the age of twenty-one) hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and school activities involved therein.

The undersigned further hereby agrees to hold harmless and indemnify said school directors, employees and agents for any liability sustained by said school except that which is the result of gross negligence and/or willful wanton misconduct.

I/We have read the foregoing and understand the rules of conduct for participants and will abide by them as well as the directions of the leaderships of the activity.

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade Level \_\_\_\_\_

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade Level \_\_\_\_\_

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade Level \_\_\_\_\_

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade Level \_\_\_\_\_

\_\_\_\_\_  
Father/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother/Legal Guardian

\_\_\_\_\_  
Date

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me, the undersigned notary public, personally appeared

\_\_\_\_\_ proved to me through satisfactory evidence of identification, which

were \_\_\_\_\_ to be the person whose name(s) is/are signed above.

Signature of Notary \_\_\_\_\_

My commission expires on \_\_\_\_\_

SEAL



# 911 INFORMATION

2010-2011 School Year

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade Level \_\_\_\_\_

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade Level \_\_\_\_\_

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade Level \_\_\_\_\_

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade Level \_\_\_\_\_

## EMERGENCY

Names and phone numbers of persons to call in the event of emergency or illness.

**Note we will call these emergency numbers in the order they are listed.**

1. Parent \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_
2. Parent \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_
3. Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_
4. Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_
5. Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

## AUTHORIZED PICK-UP

Names of **any** person allowed to pick up your student:

**Note anyone not on this list will be prohibited from picking up your child. BCS does not restrict a parent from the pick-up list without custody papers. Both parents approval is required to remove or add to this list.**

1. Parent \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_
2. Parent \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_
3. Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_
4. Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_
5. Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Yes  No I would like this information released to participate in BCS Emergency Crisis Plan.

## MEDICAL

Name of physician \_\_\_\_\_ Phone \_\_\_\_\_

Are there any special physical conditions of the student?  No  Yes

If "yes", please specify and explain, including if any accommodation is needed:

\_\_\_\_\_  
\_\_\_\_\_

Is or has your child ever been under regular medication, including Ritalin, for any purpose?  No  Yes

If "yes", please specify medication and explain, including dosage.

\_\_\_\_\_  
\_\_\_\_\_

Please list any allergies your student may have: \_\_\_\_\_

May we administer the following to your child?

Acetaminophen (Tylenol)  No  Yes      Topical Medications  No  Yes



# STUDENT AGREEMENT OF CONDUCT

2010-2011 GRADES 7<sup>TH</sup> – 12<sup>TH</sup> only

As Brevard Christian School is a Christian school and is a ministry of Bethany Baptist Church of West Melbourne, it is our desire that every student reflect a lifestyle pleasing to Jesus Christ. Because of this, who we are and what we do, both on and off campus is extremely important. Since the testimony of our lives is so important, you are asked to read and sign the following agreement which pertains to student conduct **both on and off campus**, during and after school.

- I agree to strive for excellence as a student in all that I say and do.
- I agree to obey the Bible in speech and conduct.
- I agree to respect and cooperate with those in authority at the school.
- I agree to avoid cursing, sexual immorality, dissension, and cheating or other practices clearly forbidden in the Scriptures.
- I agree to avoid all public displays of affection (holding hands, hugs, etc.) on campus and at school-related activity.
- These and other specified acts and attitudes that Brevard Christian School adheres to are cited in Galatians 5:19-21.
- I agree with and will follow the dress code that has been set by the school.
- I agree to submit to the discipline policy of the school.
- I agree to submit to a specified drug screening at any time as deemed necessary by the Administration.
- I understand that Brevard Christian School is an alcohol/tobacco/drug free campus and school and those actions are cause for expulsion whether on or off campus.
- I understand that once I enroll at Brevard Christian School, I am a part of Brevard Christian School wherever I am. Therefore, I agree to avoid behavior, both on and off campus that would dishonor Jesus Christ, the school, the church, my family, and myself.
- I understand that I will be held accountable by the school for any negative behavior on and off campus at any time during the year with necessary disciplinary measures as a result of my infractions.
- I agree to adhere to the school's Internet/Computer Use and Policy and understand that improper Internet/Computer Use (pornography, cyber bullying, alcohol/drug use, etc.) outside of school will result in appropriate discipline including expulsion.
- I understand that I am not permitted to return to my vehicle if I drive to school until I am dismissed at the end of the school day. I further understand that I will not play loud and/or offensive music when coming on to the school parking lot, while parked, or upon leaving. I will follow the speed limit of 5 MPH while on campus. I understand that the penalty for misuse of the privilege to park on school grounds may result in the loss of that privilege.

## **BOTH PARENTS/GUARDIANS AND STUDENT(S) MUST SIGN:**

\_\_\_\_\_  
Print Student Name

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Student Name

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Father's Name

\_\_\_\_\_  
Father's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Mother Name

\_\_\_\_\_  
Mother's Signature

\_\_\_\_\_  
Date



# ATTENDANCE POLICY

1. What qualifies as being counted as present at School?
  - A student who is present at school is in attendance.
  - A student who is participating in a school sponsored event away from school or out of class is considered to be present. Examples of a school sponsored event are: academic contests, athletic contests, field trips and special meetings on campus.
2. What is required legally in order to gain credit for Courses?
  - Florida State Law (1007.271) regulates the number of absences a student is allowed in order to receive credit for a course. The state allows no more than 18 absences for the entire year. This includes excused and unexcused absences.
3. Who is responsible for attendance records?
  - Official record of attendance is kept by the teacher. Each class attendance may be different.
4. What happens when a student begins to accumulate too many absences?
  - When the school is informed of a student's accumulation of absences, the parents will be notified by letter. Normally, when we see 6 or more absences, we will send a letter to the parents.
5. Parents need to inform the school concerning the absence of their child.
  - Students who return from an absence without a note will receive an unexcused absence.
  - Parents must send a note with their child following an absence.
  - When appropriate, following a sickness or Doctor's appointment, the student should have a medical note from the provider.
6. Types of Absences
  - Excused
    - Illness:
      - A Parent's note for a 1 day illness.
      - A Parent & Doctor's note for multi-day absence.
    - Doctor's Appointment:
      - Doctor's note should accompany a parental note.
    - Pre-Arranged Absence:
      - Must obtain approval of teachers and administration of the school
  - Unexcused: Student is not allowed to make up work
  - Exceptions to the state law concerning attendance.
    - Court Dates with Documentation
    - Illness with Medical Documentation
    - Extended illness which causes the student to become home bound with Medical Documentation and Administrative assistance
    - School sponsored events
  - Suspensions: Student receives partial credit on missed work
  - Tardiness
    - The student must be in the class for 70% of the class hour. Any student 15 minutes late is considered absent for that class.
    - Three (3) tardies equals one (1) absence.

I have read and understand Brevard Christian School's attendance policy. I also understand that if my child exceeds the number of absences permitted they will not receive credit for a course or that grade level.

Print Student Name	Student's Signature	Date
Print Student Name	Student's Signature	Date
Print Student Name	Student's Signature	Date
Parent/Guardian Signature _____	Date _____	
Parent/Guardian Signature _____	Date _____	