BEAUFORT CHRISTIAN SCHOOL

378 Parris Island Gateway, Beaufort, SC 29906 Phone & Fax (843) 525-0635 / bcschool@embarqmail.com

STUDENT APPLICATION

Today's Date		Grade Entering			20	20	School Year
STUDE	NT'S NAME:						
		(Last)		(First)			(Middle)
Age	Sex	_ Date of Birth		Home Ph	none		
Address							
City Stat			State	Zip Code			
FATHE	ER'S NAME: _				Cell Phor	ne #:	
E-mail Address:				Work Phone #:			
Employe	er			Po	sition		
MOTHER'S NAME:				Cell Phone #:			
E-mail Address:				Work Phone #:			
Employe	er			Po	sition		
Is there a		Married type in existence, which					
EMERO	GENCY CON	ΓACT: NAME			P	hone #:_	
Family Physician				Phone #:			
		n up-to-date SC Ce ny physical limitat					
**Is you	ır child currentl	ly on any medication	on?	What medication			
ACADE	EMIC INFOR	MATION:					
School Last Attended				Address			
City			State	Zip Code		Phone#:_	
•		en expelled, dismis				•	
Please in	ndicate academ	ic level of student'	s nresent w	ork: A/B R	B/C	C/D	 D/F
		led a grade or been					
Is your o	child presently	having difficulties	in any subj	ect areas? In	f yes, plea	ase expla	in:

How did you hear about our school?Reason for selecting our school	
This application must be filled out completely before it castudents) read the handbook, an interview with the parents review of the application by the Enrollment Committee bedetermined. The Enrollment fee of \$50 and the registration must be paid at time of enrollment and is NON-REFUND	s and the student is required, followed by a efore final acceptance for enrollment is on and book fee of \$225 for K5 / \$330 for grades
Church Applicant Presently Attending	
Pastor's Name	Phone Number
STATEMENT OF CO	OOPERATION
I give Beaufort Christian School permission for my child activities and school sponsored activities and trips away is necessary for the welfare of each student, as well as the child's teacher and/or another agent of the school to make consistent with Christian principles and discipline set for abide by the steps outlined in the Discipline Procedure Should legal action, for any reason, be taken against Beauthereof on my child's behalf, and the school or its agent in fee, court cost, damages or other costs that Beaufort Christiself against such action.	from the premises. I also believe that discipline the entire school. I give my permission for my e and enforce classroom regulations in a manner th in the Scriptures. I am willing to support and es Statement signed at the time of enrollment. Ufort Christian School or any employee or agent not be found at fault, I agree to pay any attorney
I understand that the school reserves the right to dist established regulations, discipline, and spirit of the insunpaid.	*
For your convenience in meeting your financial obligated beginning August 1 st . The last payment is due on May 10 th of each month, there will be a \$20.00 late charge added if your payment will be late, failure to do so will put your the 20th, your child will not be allowed to return which are acceptable to the administration. If a check on the account. Your prompt attention to the payment of cards and records cannot be released if your account here.	1st. If the tuition payment is not received by the ed to the account. You are to contact the office our child's enrollment in jeopardy. If not paid to class unless prior arrangements are made is returned, there will be a \$20.00 charge placed tuition and other charges is appreciated. Report
	Parents Signatures:
	Father
	Mother
	Date