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

STUDENT'S NAME: _____
(Last) (First) (Middle)

Age _____ Sex _____ Date of Birth _____ Home Phone_____

Address _____

City _____ State _____ Zip Code _____

FATHER'S NAME: _____Cell Phone #:_____

E-mail Address:_____ Work Phone #:_____

Employer _____ Position _____

MOTHER'S NAME: _____Cell Phone #:_____

E-mail Address:_____ Work Phone #:_____

Employer _____ Position _____

Marital Status: Single_____Married _____ Separated _____ Divorced _____ Widowed _____
Is there a court order of any type in existence, which precludes or restricts either parent, or any relative, from having contact with your child? Yes____ No____.

EMERGENCY CONTACT: NAME_____Phone #:_____

Family Physician _____ Phone #:_____
Does your child have an up-to-date SC Certificate of Immunizations? _____
Does your child have any physical limitations or allergies? _____
**Is your child currently on any medication? _____ What medication? _____
Explain _____

ACADEMIC INFORMATION:

School Last Attended_____Address_____

City_____ State_____ Zip Code_____ Phone#:_____

Has your child ever been expelled, dismissed, suspended, or refused admission by another school? ____
If yes, please explain: _____
_____
Please indicate academic level of student's present work: A/B ____ B/C _____ C/D _____ D/F _____
Has your child ever failed a grade or been held back a year in school? ____ If yes, please explain:
_____
Is your child presently having difficulties in any subject areas? _____ If yes, please explain:_____
_____

How did you hear about our school? _____
Reason for selecting our school _____

This application must be filled out completely before it can be processed. After the parents (& secondary students) read the handbook, an interview with the parents and the student is required, followed by a review of the application by the Enrollment Committee before final acceptance for enrollment is determined. The Enrollment fee of $50 and the registration and book fee of $240 for K5 / $350 for grades must be paid at time of enrollment and is **NON-REFUNDABLE**.

Church Applicant Presently Attending _____

Pastor's Name _____ Phone Number _____

STATEMENT OF COOPERATION

I give Beaufort Christian School permission for my child to take part in classroom and outdoor on campus activities and school sponsored activities and trips away from the premises. I also believe that discipline is necessary for the welfare of each student, as well as the entire school. I give my permission for my child's teacher and/or another agent of the school to make and enforce classroom regulations in a manner consistent with Christian principles and discipline set forth in the Scriptures. I am willing to support and abide by the steps outlined in the Discipline Procedures Statement signed at the time of enrollment. Should legal action, for any reason, be taken against Beaufort Christian School or any employee or agent thereof on my child's behalf, and the school or its agent not be found at fault, I agree to pay any attorney fee, court cost, damages or other costs that Beaufort Christian School or its agent should incur to defend itself against such action.

I understand that the school reserves the right to dismiss any child who fails to comply with the established regulations, discipline, and spirit of the institution or whose financial obligation remains unpaid.

For your convenience in meeting your financial obligations, tuition is divided into ten installments beginning **August 1st.** The last payment is due on **May 1st**. If the tuition payment is not received by the 10th of each month, there will be a $20.00 late charge added to the account. **You are to contact the office if your payment will be late, failure to do so will put your child's enrollment in jeopardy. If not paid by the 20th, your child will not be allowed to return to class unless prior arrangements are made which are acceptable to the administration.** If a check is returned, there will be a $20.00 charge placed on the account. Your prompt attention to the payment of tuition and other charges is appreciated. **Report cards and records cannot be released if your account has an outstanding balance.**

Parents Signatures:

_____
Father

_____
Mother

_____
Date