



# BRUNSWICK CHRISTIAN ACADEMY

## APPLICATION FOR ENROLLMENT

**2017 – 2018**

4231 US Hwy 17N, Brunswick, GA 31525

Phone: (912) 264-4546

Fax: (912) 264-0851

### OFFICE USE

App Fee _____	Birth Cert _____
Reg Fee _____	Form 3231 _____
Book Fee _____	Form 3300 _____
Rep Card _____	Transcript _____
IEP/Tests _____	Other _____

APPLICATION DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ GRADE APPLYING FOR \_\_\_\_ LAST GRADE COMPLETED \_\_\_\_

**PLEASE PRINT**

### **STUDENT INFORMATION**

Last Name: \_\_\_\_\_ Called by \_\_\_\_\_

First Name: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Middle Name: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ School Last Attended: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ Home Phone: \_\_\_\_\_

### **FAMILY INFORMATION**

**Father/Guardian's** Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address (if different) \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_ Phone: \_\_\_\_\_

**Mother/Guardian's** Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address (if different) \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent's Marital Status: Single \_\_\_\_ Married \_\_\_\_ Widowed \_\_\_\_ Divorced \_\_\_\_ Remarried \_\_\_\_ Separated \_\_\_\_

Does child live with both parents? \_\_\_\_ If not, indicate with whom the child lives: \_\_\_\_\_

Other children in the family:

Name(s) _____	Age _____	School _____
_____	_____	_____
_____	_____	_____

### **CHURCH INFORMATION**

Church Attending \_\_\_\_\_

Member: Yes \_\_\_\_ No \_\_\_\_ Pastor's Name: \_\_\_\_\_

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

How often do you attend church?  Regular (weekly)  Fairly regular (monthly)  Seldom (special occasions)

**SCHOLASTIC & DISCIPLINARY INFORMATION (attach additional paper if needed)**

Has your child ever been a student at Brunswick Christian Academy? \_\_\_\_\_ If yes, when? \_\_\_\_\_

If yes, what was the reason for leaving? \_\_\_\_\_

Has your child ever been expelled, dismissed, suspended, or refused admission to another school? \_\_\_\_\_ If yes, explain:

Has your child ever had any disciplinary difficulties? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

Has your child ever been in trouble with the law, arrested, probation, etc.? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

Has your child ever used tobacco, alcohol, or drugs of any kind? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

Has your child ever been moved ahead or held back a grade in school? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

Is your child currently following an I.E.P. at their present school? \_\_\_\_\_ If yes, explain and include a copy: \_\_\_\_\_

Has your child ever been diagnosed with any learning disability? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

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**GENERAL INFORMATION**

How did you hear about Brunswick Christian Academy? \_\_\_\_\_

If you were referred by one of our current BCA families please give that person's name. \_\_\_\_\_

Reason for selecting Brunswick Christian Academy? \_\_\_\_\_

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**COOPERATION AGREEMENT**

I have read the current *Parent/Student Handbook* and understand the information concerning the school policies and rules, and I have explained to my child the contents. We agree to abide by the rules and standards stated in the *Parent/Student Handbook* in order to maintain a cooperative relationship. In the event of a behavior problem concerning my child, I agree to abide by the guidelines stated in the school handbooks. If I become dissatisfied with BCA in any respect, I will not sue, or make threats to sue this ministry, make demands, make any kind of accusation or complaint, or actually litigate any matter whatsoever relating to or resulting from the enforcement of the guidelines, but will try to resolve the matter with the person or persons involved or withdraw my child from BCA immediately. To do otherwise would be a clear violation of biblical teaching and practice.

By completing and submitting this form, I agree to pay the non-refundable/non-transferable application fee with this application AND, if accepted, within 30 days, pay the non-refundable/non-transferable registration fee. I understand that tuition payments are made in eleven monthly payments, with the first payment due by July 1, and the last due by May 1. If payments are made after the 10<sup>th</sup> of the month, I will be charged a late fee of \$30. I understand that students who register after June 1 must pay the registration fee upon completion of the pre-entrance test. By signing this application, I am authorizing the school to withhold report cards and other records until my tuition and other fees have been paid and my account is current.

\_\_\_\_\_  
Signature of both parents if possible

\_\_\_\_\_  
Signature of both parents if possible

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of student (grades 6-12)