

Date: _____ Is applicant the sibling of a current BCMS student? ____

For Office Use	
Date/Time Rec'd:	_____/_____/_____
Lottery Req'd:	<input type="checkbox"/> yes <input type="checkbox"/> no
T:	_____
L:	_____
Contact:	_____
_____	_____
_____	_____

STUDENT ENROLLMENT APPLICATION

All information requested below and all subsequent sheets must be filled out completely in order to process enrollment application.

Enrolling student in Grade _____ for School Year 20____ - 20____

Name of Student _____ Name student goes by: _____
 First Middle Last

Home Phone Number: _____ Cell Phone: Mother _____ Father _____

Birthdate: ____/____/____ Age: ____ Sex: M___ F___ Work Ph: Mother _____ Father _____

Address of Student: _____ County Resides in: _____
 Street/Road City Zip

County middle school district student lives in: _____ School last attended: _____

Names of sibling(s) currently attending BCMS _____

Name of Parent(s)/Guardian(s) _____

Parent's Marital Status: Married Separated Divorced Single

Student lives with: Mother & Father ___ Mother ___ Father ___ Grandparent(s) ___ Guardian(s) ___

Parent Email Address(es) for school communications: _____

BCMS Bus Stops: Spaces on the buses are limited and are filled on a first come, first serve basis. If your child will ride a bus, please mark which stop they will use:

- Old Goodwill Parking Lot, 610 Rockingham Square, Madison (behind Golden Dragon Restaurant)
- Reidsville Bible Chapel, 3016 South Park Dr., Reidsville
- Midway United Methodist Church, 10930 Hwy 158, Reidsville
- Wal-Mart Parking Lot, 1624 NC 14, Reidsville (corner of Hwy 14 and Freeway Dr.)
- First Presbyterian Church, Southwood Drive, Eden

How did you hear about BCMS? (i.e. word of mouth, ad or commercial, former student, etc.) _____

(Parent/Guardian – please sign application on reverse side.)

*****PARENTS OF STUDENTS ENROLLING IN 6TH GRADE PLEASE NOTE*****

Proof of student immunizations must be provided before the first day of school. NC law now requires an additional booster dose of the Tdap vaccine be received for all children before entering the 6th grade. Enrolling 6th graders must receive the booster vaccine and furnish a Certificate of Immunization from their doctor or health clinic before their first day of school at BCMS. Proof of other immunizations is usually provided with records sent to us by elementary schools; however, this booster is a new requirement and therefore is not included in prior records. Please provide proof of your child's booster before the 2016-2017 school year begins.

All parents - please read & sign below to complete application:

My signature below certifies that I have completely and accurately provided all information requested in the BCMS enrollment application. My signature further certifies that I fully understand all of the instructions on this application. By signing below I also give my consent for any photos taken of my child by BCMS during school activities to be reproduced in print materials such as brochures, yearbooks, newspapers, etc. Should any of my responses change after submitting this form, I will notify BCMS immediately. I understand that if any of the information I have provided in this application is incorrect and I fail to provide BCMS with the corrected information, it can result in revocation of my application to BCMS. I further understand that this application is incomplete without documentation of immunizations and lack of this documentation shall result in the revocation of this application.

Signature of Parent/Legal Guardian

Date