



Bethany Community School
Mrs. Vicky Bethel, Director

Date: _____ Is applicant the sibling of a current BCS 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 _____

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

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

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

Names of siblings currently attending BCS: _____

Name of Parents/Guardians: _____

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

Parent Email Address(es) for school communications: _____

(Parent/Guardian-please sign application on reverse side)

*****PARENTS OF STUDENTS ENROLLING AT BCS 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 7th grade. Enrolling 7th 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 BCS. 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 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 BCS 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 BCS 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 BCS immediately. I understand that if any of the information I have provided in this application is incorrect and I fail to provide BCS with the corrected information, it can result in revocation of my application to BCS. 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

We will accept applications by mail- 1288 Hudson Rd, Summerfield NC, 27358, Email- jvaughan@bcmschool.org, or Fax- 336-951-0087. To be included in the lottery, **applications must be submitted to Bethany Community School by 3:00 p.m. on Friday March, 16, 2018.**