



BELIZE CHRISTIAN ACADEMY

APPLICATION FOR ENROLLMENT

Application must be complete before student is enrolled.

Returning Candidate New Candidate

Attention: A certified copy of birth certificate, certified transcript (High School), original report card (Primary School), two letters of recommendation (new student only), Immunization Records (below 8 years of age) and proof of Belize Immigration Records must be submitted with this application.

Student Name _____ Sex: M F Date of Birth: _____

Place of Birth: _____ School Year _____ Grade: _____

Immigration Status: Belizean Resident Diplomatic Corp. Other Student Visa # _____

Parent's Information

Father

Mother

Name _____

Address _____

E-mail Address _____

Occupation _____

Business Address _____

Contact Phone Number (What's the best number to contact you?)

Home Work Cell

Education Level _____

Church Affiliation _____

Church Address _____

Church Involvement _____

Student lives with: Two Parents _____ One parent _____ Guardian _____ Other _____

List Previous Schools Student has attended:

Name of School Address District Grades Reason for Leaving

List below all other children in family:

Name

Age

Present School

Applying to BCA

1. _____ Yes/No

2. _____ Yes/No

3. _____ Yes/No

I would like to be active in the following:

Volunteer (Office/Library/Reading) Clubs

Substitute Teacher Volunteer Sport

SIC (School Improvement Committee)

For Office Use Only

Application form all spaces filled in and signed

Start Date: _____ Birth Certificate/Passport

Enrollment fees paid Recommendation letters (2)

Screening Test fees paid Sat Screening Test

Certified Transcript (HS) or Report Card (PS) submitted

Updated Immunization Record

Approved by _____ Date: _____

EMERGENCY CONTACT – A PERSON TO CONTACT IN THE CASE OF AN EMERGENCY

Name _____ Phone _____ Relationship _____

Person authorized to pick up your child either after school or check out during the day:

Name/Relationship/Phone _____

HEALTH RECORD

Please indicate if this child has any of the following: (Please check)

Nose Bleeds _____ Seizures (Fits) _____

Fainting Spells _____ Diabetes _____

Asthma _____ Allergies _____

Is this child allergic to any medication? If so, describe: _____

Other _____

Belize Christian Academy

Parent's Pledge

(Initial)

_____ 1. I understand that after my child is accepted in Belize Christian Academy, the enrollment fee must be paid in order to assure my child a space in the school. I agree to pay tuition and other necessary charges according to scheduled due dates and agree to pay required late fees when payments are not made on schedule.

_____ 2. I understand that the Annual Tuition can be annually of one payment due September 1st, paid biannually in two payments, one by September 1st and one by February 1st or paid in ten equal payments starting on September 1st.

_____ 3. I agree to support the spiritual, moral, academic and disciplinary standards as stated in the BCA Student Handbook and to respond to all corrective action notices in the proper manner.

_____ 4. I agree to support to the best of my ability the school's entire program through prayer, time, and/or financial gifts.

_____ 5. I agree to support my child's education by supervising assigned homework and by keeping in regular contact with my child's teachers, i.e. attending parent/teacher conferences.

_____ 6. I agree that my child is to receive training in the Bible and I will support the school and its endeavors to encourage and guide my child in applying these teachings to his/her life.

_____ 7. I understand and agree that the school has full discretion for the grade placement of my child.

_____ 8. I agree to keep my child from attending when ill so as to help prevent illness from spreading to others and to send a signed written statement explaining my child's absence when he/she returns.

_____ 9. I agree to pay for the repair or replacement of any school property damaged, stolen, or destroyed by my child.

_____ 10. I absolve the school from any liability to us or our children because of injury or loss of property while in the school's care. I will be responsible to return field trip permission forms or indicate in writing if I do not give permission for off campus, school related activities. I absolve the school from any liability to us or our children while on school trips.

_____ 11. I understand the zero-tolerance policy against illegal drugs at Belize Christian Academy, and I consent to having my child searched and /or tested for illegal drugs at BCA's discretion. I understand that the results of any drug tests will become the property of BCA, and may be used in disciplinary decisions.

_____ 12. In the event that this child is injured or becomes seriously ill and parents or other authorized persons cannot be reached, I authorize Belize Christian Academy to take appropriate emergency measures, including placing this child in the nearest emergency hospital.

_____ 13. I understand that the initialing of each line states my agreement with each statement and that any disagreement will need to be discussed with the principal and resolved prior to my child being admitted.

Parent's/Guardian's Signature

Date