**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), proof of Belize Immigration Records and enrolment fee (Non-refundable) must be submitted with this application.** |
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**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?)

DAD: MOM:

 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

**For Office Use Only**

 I would like to be active in the following: Volunteer (Office/Library/Reading Clubs Substitute Teacher Volunteer Sport SIC (School Improvement Committee)

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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **\*Any Special needs or physical disability or suspected special needs or suspected physical disability must be communicated to the school’s administration. BCA reserves the right to have the child assessed for the above after enrolment if any special need is suspected by the teacher.**

**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