



Bethany Christian Middle School

Application for Admission

Applying for Grade: 6 7 8

Beginning Semester: 1 2 Year: 20__ - __

Application Procedure

Please submit the following items:

- Application for Admission.** Answer all applicable questions and sign the commitments on page 4.
- A copy of student's most recent **achievement test results** (ISTEP+ or other).
- A copy of student's most recent **report card**.
- Tuition Payment Preference** form (blue).
- Two **Personal Reference for Admission** forms (salmon) to your chosen references.
- Permission for Treatment** form (white)—must be signed *in the presence* of a notary public.
- Immunization records** from previous school.
- A non-refundable **\$35 application fee**.
- A \$300 down-payment if applying after June 1.

Send the above items to: Director of Admissions, Bethany Christian Schools,
2904 South Main Street, Goshen, IN 46526-5499

You will be notified of your admission status after references have been received and the application has been processed. If you have any questions, call Sarah Yoder, director of admissions, at 574 534-2567.

Bethany Christian Schools admits qualified students of any race, color, and national or ethnic origin.

Student

Name: _____
Last First Middle

Home Address: _____
Street/Box

City State Postal Code

Gender: M ___ F ___ Phone (include area code): _____

Birth Date: _____ Social Security No.: _____
Month/Day/Year

Attach
photo
here

Please circle the ethnic group you identify with (*used for state-required reports*):

- | | | |
|---------------------|----------------|------------------------|
| 1. Native American | 4. Hispanic | 7. Other (write below) |
| 2. African-American | 5. Caucasian | |
| 3. Asian | 6. Multiracial | |

School (to be completed by parent/guardian)

School Last Attended: _____ Phone: _____ Current School District: _____

Has your child received assistance for any special learning needs in the past? No ___ Yes ___

If yes, please describe briefly the nature of the assistance: _____

Parents/Guardians

Father: _____ BCHS Alumnus: 19___
Last First Middle

Address: _____ Email: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Job Title: _____ Employer: _____

Mother: _____ BCHS Alumna: 19___
Last First Maiden

Address: _____ Email: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Job Title: _____ Employer: _____

Marital status of parents: Married ___ Divorced ___ Widowed/Single ___

If parents are separated or divorced, please indicate with whom the student lives: _____

If the student lives with a guardian other than either parent, please complete the following:

Guardian: _____ BCHS Alumnus: 19___

Address: _____ Email: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Job Title: _____ Employer: _____

Family

Siblings: Name _____ Grade _____ Name _____ Grade _____
Name _____ Grade _____ Name _____ Grade _____

Maternal grandparents:

Name: _____ Phone: _____

Address: _____

Paternal grandparents:

Name: _____ Phone: _____

Address: _____

Christian and Church Life

Home congregation: _____ Denomination: _____

Address: _____
Street/Box City State Postal Code

Phone: _____

Pastor: _____ Youth Leader: _____

What do Christ and the Christian faith mean to you at this stage in your life?

Why do you wish to study at Bethany Christian Middle School?

What goals do you hope to reach as a Bethany student, and how do you plan to reach those goals?

Co-curricular Interests

In which of the following co-curricular activities would you like to participate at Bethany?

Athletics

- Volleyball (girls)
- Soccer
- Basketball
- Intramurals

Music and Drama

- Orchestra/Concert Band
Instrument: _____
- Private Lessons in:
 Voice Instrument
- Drama/Musical

Student Leadership

- Activity Committees
- School Paper
- Yearbook

How did you hear about Bethany?

Check items listed that were influential in your decision to consider enrolling at Bethany Christian Schools.

- | | | |
|---|--|---|
| <input type="checkbox"/> Family member or friends | <input type="checkbox"/> Visitors' Day | <input type="checkbox"/> Bethany web site |
| <input type="checkbox"/> Church/pastor | <input type="checkbox"/> Billboard ad | <input type="checkbox"/> Mailing from Bethany |
| <input type="checkbox"/> Former/current student | <input type="checkbox"/> Radio ad | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Bethany teacher | <input type="checkbox"/> Newspaper ad | |

Please list the individuals who have been influential in your decision to attend Bethany:

References

List two adults, other than your pastor, whom you will ask to provide personal references for you. You might consider your Sunday school or school teacher, neighbor, youth group sponsor, mentor, and employer.

1. Name: _____ Phone: _____

Mailing Address: _____
Street/Box City State Postal Code

2. Name: _____ Phone: _____

Mailing Address: _____
Street/Box City State Postal Code

Disclosure of Student Records

By submitting this application, parents/guardians and student authorize Bethany to access previous student records.

Student's Commitment

I understand that as a student at Bethany Christian Middle School, I will be expected to follow Christian standards. I commit myself to follow school rules, to respect others, take care of school property, and abstain from the use of tobacco, alcoholic beverages, and illegal drugs. Not only will I abide by these lifestyle expectations, but I will seek to contribute to a wholesome Christian atmosphere.

Date: _____ Signature: _____

Parents'/Guardians' Commitment

As parents/guardians we understand Bethany's lifestyle expectations and affirm our child's intention to attend. We commit ourselves to support the school's policies and to pay school fees on the agreed-upon schedule. We will do all in our ability to support our child and the school.

Date: _____ Signatures: _____

FOR SCHOOL USE ONLY

Application Received: _____	TAF Received: _____
Application Fee Received: _____	Tuition Preference Received: _____
Date of Interview: _____	PFT Received: _____
Pastor's Reference: _____	Immunization Received: _____
Other Reference: _____	Report Card Received: _____
Other Reference: _____	Test Scores Received: _____
Application Accepted/Denied: _____	Guidance Counselor's Signature: _____