

READMISSION APPLICATION



Welcome to the readmission process of Berean Christian Academy. The parents should complete and return this form. In addition to this form, a personal interview and retesting *may* be scheduled. The goal of the Berean Christian Academy readmission process is to ensure that Berean Christian Academy has the resources and ability to adequately meet the needs of the student. Each student's continued academic development, scholastic motivation, character, and extra-curricular interests will be considered.

FOR OFFICE USE ONLY

Year _____ Grade _____
Date Received _____
Readmission Fee _____
Check # _____

STUDENT INFORMATION

Full Name _____
Last First Middle Preferred

Applying for Grade _____ In the school year _____ Gender Male Female

Current Grade _____ Birthdate _____ Age _____ (as of 09/01/2018)

Home Address _____
Street City State Zip Home Phone

FATHER

Full Name _____
(Title) Last First Middle Preferred

Email _____ Bus. Phone _____ Cell _____

Place of Employment _____ Title _____

Business Address _____
Street City State Zip

MOTHER

Full Name _____
(Title) Last First Middle Preferred

Email _____ Bus. Phone _____ Cell _____

Place of Employment _____ Title _____

Business Address _____
Street City State Zip

Siblings

Name	Birthdate	Grade	School
Name	Birthdate	Grade	School
Name	Birthdate	Grade	School
Name	Birthdate	Grade	School

CHURCH INFORMATION

Family's Church _____ Pastor _____

Applicant

- Member Belongs to Youth Group
 Attends church regularly Doesn't attend
 Attends occasionally

Parent(s)

- Member Belongs to Sunday School/Bible Fellowship
 Attends church regularly Doesn't attend
 Attends occasionally

Since your initial application to Berean Christian Academy have any behavioral, educational, or psychological evaluations been performed on your child? _____

Do you feel your child would benefit from the receipt of educational accommodations or modifications?

- Yes No If yes, please explain and attach a copy of documentation and accommodations/modifications recommended by a diagnostician. Please note, documentation will be required before accommodations/modifications will be considered/granted.

Is your child currently on medication? Does your child have diagnosed health issues?

- Yes No If yes to either question above, please explain and attach a copy of all relevant reports.

NOTICE OF NON-DISCRIMINATORY POLICY

Berean Christian Academy does not discriminate on the basis of race, color, national or ethnic origin in the administration of its educational, admission, or employment policies, or any other programs administered by the school.