

# APPLICATION & ENROLLMENT PACKET



**BEREAN CHRISTIAN ACADEMY**

**2197 YOUNG ROAD**

**STONE MOUNTAIN, GA 30088**

**(678) 518-1678 - PHONE**

**(678) 518-1684 - FAX**

**Website: *[www.BereanChristianChurch.org/Academy](http://www.BereanChristianChurch.org/Academy)***



# Berean Christian Academy

2197 Young Road  
Stone Mountain, GA 30088  
Phone: (678) 518-1678  
Fax: (678) 518-1684

Office Use Only		
ACCEPTED	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Date of Application: \_\_\_\_\_

## APPLICATION FOR ADMISSION

*Please fill out this form completely.*

School Year Enrolling: \_\_\_\_\_ - \_\_\_\_\_

Grade: \_\_\_\_\_

### APPLICANT INFORMATION

Student's Complete Name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Sex:  Male  Female

Student's Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Best Contact Person: \_\_\_\_\_

Best Phone #: \_\_\_\_\_ Best E-mail Address: \_\_\_\_\_

School Attended Last Year: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

### PARENT INFORMATION

Parent's Marital Status:  Married  Separated  Divorced  Widowed  Never Married

Student Currently Resides With:  Mother  Father  Grandparents  Guardian \_\_\_\_\_

Who has legal custody of student? \_\_\_\_\_

Father/Guardian: \_\_\_\_\_

Mother/Guardian: \_\_\_\_\_

Home Address \_\_\_\_\_

Home Address \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home # \_\_\_\_\_

Home # \_\_\_\_\_

Cell # \_\_\_\_\_

Cell # \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Work #: \_\_\_\_\_

Work #: \_\_\_\_\_

### ADDITIONAL INFORMATION

Has this student ever been suspended or expelled by a previous school?  Yes  No If yes, please explain \_\_\_\_\_

Does student have any special learning needs?  Yes  No If yes, please explain: \_\_\_\_\_

Does student have an IEP?  Yes  No If yes, please explain: \_\_\_\_\_

Does student have a 504 Plan?  Yes  No

## EMERGENCY CONTACT INFORMATION

Please list the first people to call in the event we cannot reach parent(s)/guardian(s).

- Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Email: \_\_\_\_\_  
Cell Phone: (        ) \_\_\_\_\_ - \_\_\_\_\_ Home Phone: (        ) \_\_\_\_\_ - \_\_\_\_\_
- Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Email: \_\_\_\_\_  
Cell Phone: (        ) \_\_\_\_\_ - \_\_\_\_\_ Home Phone: (        ) \_\_\_\_\_ - \_\_\_\_\_

## CHILD RELEASE AUTHORIZATION

Please list ALL people authorized (not including parents) to pick up student from BCA:

NAME	RELATIONSHIP TO CHILD	PHONE NUMBER
1.		
2.		
3.		
4.		
5.		
6.		
7.		

## AFFIRMATION

I hereby affirm that all the information contained in this application is true, accurate, and complete to the best of my knowledge. I understand that providing any false information may be cause for rejection of this application.

Parent/Guardian's Signature \_\_\_\_\_ Date: \_\_\_\_\_

## NON-DISCRIMINATION POLICY

Berean Christian Academy admits students of any race, color, national or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national or ethnic origin in administration or its educational policies. Admissions policies, scholarship and loan programs, and athletic and other school-administered programs.

## OFFICE USE ONLY

Date Application Received: \_\_\_\_\_

- Registration Fee Paid:        Amt \$ \_\_\_\_\_        Date: \_\_\_\_\_
- Matriculation Fee Paid:        Amt \$ \_\_\_\_\_        Date: \_\_\_\_\_
- Paid Tuition in Full:        Amt \$ \_\_\_\_\_        Date: \_\_\_\_\_
- Paid 1<sup>st</sup> Semester in Full:        Amt \$ \_\_\_\_\_        Date: \_\_\_\_\_
- Testing Fee Paid:        Amt \$ \_\_\_\_\_        Date: \_\_\_\_\_
- Interview Date:        Date: \_\_\_\_\_
- Test Score:        Score: \_\_\_\_\_

## TUITION POLICY AGREEMENT

Student's Name (Please Print): \_\_\_\_\_

### K5 - 2<sup>nd</sup> Grade

- \$200.00\* Registration Fee (\*NON-REFUNDABLE)
- \$300.00\* Matriculation Fee (\*NON-REFUNDABLE)
- \$5,750.00 Annual
- \$575.00 Tuition per month (\$25 discount per child)
- \$60.00 Lunch per month

### 3<sup>rd</sup> - 8<sup>th</sup> Grade

- \$200.00\* Registration Fee (\*NON-REFUNDABLE)
- \$400.00\* Matriculation Fee (\*NON-REFUNDABLE)
- \$5,750.00 Annual
- \$575.00 Tuition per month (\$25 discount per child)
- \$60.00 Lunch per month

**Payment Method** (Please select one option):

- Option 1 - Single Payment: Annual tuition paid in full by August 1<sup>st</sup> at a 10% discount.
- Option 2 – Two Payments: ½ tuition due by Aug. 1<sup>st</sup>, balance tuition due Jan. 5<sup>th</sup> (5% discount).
- Option 3 - 12 Monthly Payments: Payments made through **FACTS** Tuition Management Program. Payments are due monthly by the 1<sup>st</sup>, June through May (see below).
- Option 4 – 10 Monthly Payments - Payments made through **FACTS** Tuition Management Program. Payments are due monthly by the 1<sup>st</sup>, August through May (see below).

### **Lunch:**

- Yes, I am enrolling in the school lunch program and will pay \$60.00 per month via **FACTS**.
- No, I will not participate in the school lunch program and my child will bring their lunch.

### **Transportation:**

- Yes, I am enrolling in the school transportation program and will pay \$100.00 per month via **FACTS**.
- No, I will not participate in the school transportation program.

### **Registration & Matriculation Fees:**

The non-refundable Registration Fee of \$200.00 is due at the time of registration/application. The Matriculation Fee is due by July 1<sup>st</sup>. This fee includes the cost of book rental, computer lab fees, student agendas, music recorders (4<sup>th</sup>-5<sup>th</sup> grade), gym uniforms and standardized testing material. Registration and Matriculation Fees are nonrefundable unless the student is not accepted by BCA.

***Parents are required to give 30-day notice, in writing, should they choose to withdraw a student for any reason.***

### **Monthly Tuition:**

Tuition is paid monthly on a 10-month payment plan via **FACTS** Tuition Management Program, with the first payment due on August 1<sup>st</sup>. Each consecutive payment is due on the first day of each month from August 1<sup>st</sup> and ending May 1<sup>st</sup>. ***Please Note: There will be a \$35 administration fee added to your monthly tuition if you do not register for FACTS Tuition Management Program.***

### **Late Fees:**

Tuition is due on the first (1<sup>st</sup>) day of each month and is considered late when not received by the close of business on the fifth (5<sup>th</sup>). Late fees are automatically added in the amount of **\$25.00** to your student's account. **Your student will not be admitted to class when the tuition & late fee is not paid in full by the 15<sup>th</sup> of the month. Balances not paid for the current month by the 15<sup>th</sup> of the month places your account in a "temporary suspension status". In this status your student is unable to return to class until the payment is made. Should your account reach 30 days within the current month of payment due, your student will be permanently de-enrolled from classes/attendance at Berean Christian Academy.**

Should tuition not be paid at the end of a semester or school year, the student will not receive a report card and records will not be transferred or released until payment is made in full.

### **Pro-rations:**

Tuition is **not** pro-rated due to missed class time or mid-month enrollment.

Your signature below indicates that you understand and agree to the terms of this contract.

Signature of responsible payee: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of responsible payee: \_\_\_\_\_ Date: \_\_\_\_\_

# CONTRACT AGREEMENT

Student's Name (Please Print): \_\_\_\_\_

## Family Commitment

1. I will support the educational philosophy, objectives and policies of BCA, and will encourage my child to do the same. I understand that the lack of such support may result in dismissal from school according to school policies.
2. To ensure that my child's total education program is effective, I agree that I will maintain for my child an environment away from school that is compatible with the school. I understand that profane language and lewd remarks will not be tolerated and may be grounds for dismissal.
3. In accordance with the philosophy of BCA, my child and I will maintain active involvement in a Christian church.
4. I pledge my loyalties to the vision and ideals of BCA and I will bring any personal concerns directly to the faculty and/or administration, so those in authority may properly consider them.
5. I will encourage my child to cooperate with the disciplinary standards in accordance with the procedures stated in the parent/student handbook. I will cooperate with administration as it handles incidents in accordance with the handbook and will avoid discussion with those not involved so as to not portray a spirit of dissension and division at either my child's expense or the school's. BCA reserves the right to dismiss, suspend, or otherwise discipline any student who does not adhere to the standards stated in the Parent/Student Handbook.
6. I grant permission for my child to go on field trips authorized by the school with his or her classmates and to participate in school activities, including extracurricular activities, both at and away from school.
7. I grant permission for photographs and videos to be taken of my child or other family members and to be used in the school newsletters, advertisements, yearbooks and other promotional materials.
8. I have read and agree with the beliefs of Berean Christian Academy. I understand that if my beliefs change in contradiction to these beliefs, my child may no longer be eligible for enrollment.

*I (we) understand and agree to the Family Commitment stated above:*

\_\_\_\_\_  
Parent/Guardian Signature                      Date

\_\_\_\_\_  
Parent/Guardian Signature                      Date

## Berean Christian Academy Statement of Faith

**We believe** the Bible to be the inspired, the only infallible, authoritative, inerrant Word of God (II Timothy 3:15).

**We believe** there is one God, eternally existent in three persons – Father, Son and Holy Spirit (Genesis 1:26).

**We believe** in the deity of Christ, His virgin birth, His sinless life, His miracles, His vicarious and atoning death, His resurrection, His ascension to the right hand of the Father, His personal return in power and glory (Philippians 2:6-11).

**We believe** in the absolute necessity of regeneration by the Holy Spirit for salvation because of the exceeding sinfulness of human nature; and that men are justified on the single ground of faith in the shed blood of Christ and that only by God's grace and through faith are we saved (Ephesians 2:8-10).

**We believe** in the resurrection of both the saved and the lost, they that are saved unto the resurrection of life, and they that are lost unto the resurrection of damnation (John 5:28-29).

**We believe** in the present ministry of the Holy Spirit, by whose indwelling the Christian is enabled to live a Godly life (I Corinthians: 6:19-20).

**We believe** God has commanded all believers to evangelize, preach and teach the Gospel of Christ to a world lost in sin (Matthew 28:19-20).

*I (we) have read the Berean Christian Academy Statement of Faith and agree that it constitutes our family beliefs.*

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

# IMMUNIZATION RULES FOR STUDENTS

**AS REQUIRED BY GEORGIA STATE LAW, PLEASE SUBMIT:**

- GA Immunization Form #3231 (filled out by child's doctor)
- Hearing, Vision, Dental Screening Form #3300 (filled out by child's doctor) - **Revised Form 3300 Required**

**MEDICAL REQUIREMENTS:**

Georgia requires students to be immunized against measles, mumps, polio, rubella, whooping cough, tetanus, diphtheria, hepatitis B, haemophilus influenza, and varicella. Immunization information must be on the proper Georgia Department of Human Resources form; these are available through the Georgia Department of Health or local physicians (Form 3231).

**\*\* NEW KINDERGARTEN THRU 5<sup>TH</sup> GRADE REGISTRATION NEWS \*\***

This upcoming school requires a ***NEW Vision, Hearing, Dental and Nutrition 3300 Form Revised.*** All new registrations, will be required to bring in this new form. Don't delay, make your child's physical appointment to ensure you have the correct updated form along with all up-to-date immunizations.

**Form #3231 and #3300 is only available at licensed Georgia physicians and the Health Department.**

## VACCINATE YOUR CHILDREN EARLY AND BEAT THE BACK TO SCHOOL RUSH!

(Form 3231)

(Form 3300)

Student's Name (Please Print): \_\_\_\_\_

### STUDENT HEALTH & MEDICAL INFORMATION

List food(s) to be omitted from diet: \_\_\_\_\_  
\_\_\_\_\_

Please select how you would like BCA to handle these diet restrictions (Initial the appropriate line):

\_\_\_\_\_ BCA is authorized to supply a standard substitute when restricted foods are served.

\_\_\_\_\_ Parent/Guardian will provide food.

**Please list all allergies or sensitivities to drug and foods and their reactions. Please write none if no allergies exist. All food allergies require written documentation from a physician.**

\_\_\_\_\_  
\_\_\_\_\_

Brief Health History: \_\_\_\_\_

Social/Emotional/Behavioral/Developmental Concerns: \_\_\_\_\_

**State Law requires that all medication taken at school must be turned in to the office. In addition, a completed Medication Form detailing administering instructions must be completed.**

List all medications currently being taken by the student:

<u>Medication</u>	<u>How Often?</u>
_____	_____
_____	_____

Does your child have any medical conditions or special needs (i.e., Asthma, RAD, Reflux, food intolerance or religious food preferences) that the school should be aware of? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_

List symptoms: \_\_\_\_\_

Name and Number of Medical Insurance: \_\_\_\_\_ # \_\_\_\_\_

Student's Physician: \_\_\_\_\_ Phone # \_\_\_\_\_

Student's Dentist: \_\_\_\_\_ Phone #: \_\_\_\_\_

#### **EMERGENCY MEDICAL TREATMENT CONSENT**

I understand, even after reasonable precautions have been taken, activities may involve some risk of injury. I hereby grant permission for Berean Christian Academy to seek emergency medical treatment when deemed necessary. I understand that a conscientious effort will be made to locate me in case of such an emergency. I further agree to pay all fees as it relates to the care of my child.

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Student's Name (Please Print): \_\_\_\_\_

**CURRENT LEGAL INFORMATION**

***\*\*This information is retained in the School Office and remains completely confidential. \*\****

Are there any child visitation or release limitations on either parent that require additional clarification by BCA?  Yes  No

**If yes, please explain below and attach a copy of the Court Order to be retained on file at BCA:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please explain any social or family circumstances of which you feel Berean Christian Academy should be aware of:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My relationship to student: \_\_\_\_\_

Parent/Guardian Name (please print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**BEREAN CHRISTIAN ACADEMY**  
**AUTHORIZATION FOR RELEASE OF EDUCATIONAL RECORDS**

Student's Full Name: \_\_\_\_\_ Last grade completed: \_\_\_\_\_

School Name: \_\_\_\_\_

School Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax #: \_\_\_\_\_

In accordance with federal regulations regarding the privacy rights of parents and students under the Family Education and Privacy Act of 1974, the undersigned hereby gives consent to release student records to Berean Christian Academy.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

***To Principal or Guidance Counselor/Admissions:***

*The parent of student named above has requested enrollment into Berean Christian Academy. We are requesting a copy of student's permanent records to include the following:*

- *A transcript of the student's records to date including grades for courses in progress.*
- *A copy of the student's complete test profile.*
- *All health records, including immunization, vision and hearing test.*
- *Copy of all psychological reports.*
- *Discipline Report(s).*
- *IEP (Individualized Education Program).*

**This information should be mailed or faxed to the following:**

Berean Christian Academy  
2197 Young Road  
Stone Mountain, GA 30088  
678-518-1678 - Phone  
678-518-1684 - Fax

**Student's Name (Please Print):** \_\_\_\_\_

**FAMILY STATEMENT OF FAITH**

What church, if any, does your family attend? \_\_\_\_\_

Name of Senior Pastor: \_\_\_\_\_

Denomination: \_\_\_\_\_ How long have you been a member? \_\_\_\_\_

Please provide a brief testimony of your personal Christian experience and faith: \_\_\_\_\_

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Please explain how Christian values are demonstrated in your home:

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Why is it important that your child have a Christian Education? \_\_\_\_\_

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MIDDLE SCHOOL STUDENTS (6<sup>th</sup> – 8<sup>th</sup>) ONLY: Please share your Christian commitment:

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