

ADDITIONAL CHILD APPLICATION

Belleville Christian School

A. Student Information

Student's Full Name (First, Middle, Last): _____ Male ____ Female ____

Student's Birth Date: _____ Student's Social Security Number: _____

Address: _____

Primary Email Address: _____

Primary Phone: _____ School District of Residence: _____

What grade is student entering: _____ What school year are you applying for: _____

PRE-K (select one):	2-Day Preschool (3-year-olds)	3- Day Preschool AM (4-year-olds)	3-Day Preschool PM (4-year-olds)
----------------------------	---	---	--

If we cannot grant your preschool class preference, are you able to be flexible? ____ YES ____ NO

KINDERGARTEN: Your child must be 5 years of age on or before September 1. For planning purposes, please be reminded that your child is required to have a physical and dental examination completed upon enrollment into kindergarten. Forms for these exams are available upon request and will be mailed to you along with information about kindergarten testing which is scheduled in May or later.

Does the student have any academic struggles or special needs? _____

If transferring, school last attended: _____

If transferring, list any disciplinary issues: _____

If transferring, reasons for transferring: _____

B. Family Information

Father's Name: _____ Father's Cell Phone: _____

Father's Email Address: _____

Mother's Name: _____ Mother's Cell Phone: _____

Mother's Email Address: _____

Do both parents reside at the above address? Yes ____ No ____

Current marital status of parents (circle one): Single Married Widowed Divorced Cohabiting

If divorced, do parents share custody of the child? Please explain. _____

Name of currently enrolled student(s) _____

Return this application with the \$30.00 application fee to the school office.