

BEN'S FORD CHRISTIAN SCHOOL

www.bensfordchristianschool.org

Preliminary Application for Admission

Please complete all blanks. Type or print legibly. Attach current photo of applicant.
A candidate will not be considered for admission until the application is received.

FOR OFFICIAL USE ONLY

Registration Paid _____
Payment Type _____
Interview Date _____

Applicant Information

Full Name _____ Preferred Name _____
Last (Family) Name First Middle

Home Address _____
Street or P.O. Box City State Zip Code

Telephone () _____ Social Security Number _____

Date of Birth _____ Age _____ Male Female

Current Grade _____ Applying for Grade _____ Year of Entry _____

U.S. Citizen Yes No If No, Country of Citizenship _____ Country of Birth _____

For U.S. citizens and internationals with permanent resident status: Each year the Louisiana Department of Education asks the school to provide statistics on its incoming class; please check the appropriate box:

African American Asian American or Pacific Islander Caucasian Latino/Hispanic
 Native American or Native Alaskan Other _____

Church Attending _____ Member? Yes No

Pastor _____ Telephone () _____

Student attendance? Regularly Occasionally Never Has the student ever made a profession of faith? Yes No

Father: Christian? Yes No Mother: Christian? Yes No

Applicant Lives With Father Mother Both Parents
(Please check all that apply) Stepfather Stepmother Parents Divorced/Separated
 Father Deceased Mother Deceased Guardian/Other _____

Parent/Guardian Information

Father/Guardian _____	Mother/Guardian _____
Stepmother _____	Stepfather _____
Home Address _____	Home Address _____
City/State/Zip _____	City/State/Zip _____
Home Telephone () _____	Home Telephone () _____
Cell Phone () _____	Cell Phone () _____
Home Fax () _____	Home Fax () _____
Email _____	Email _____
Occupation _____	Occupation _____
Title _____	Title _____
Employer _____	Employer _____
Employer Address _____	Employer Address _____
City/State/Zip _____	City/State/Zip _____
Work Telephone () _____ ext. _____	Work Telephone () _____ ext. _____

If you are unable to receive email, please let us know where to send important mail:

_____ Street or P.O. Box City State Zip Code

Person Responsible for Billing _____ **Signature** _____

Scholastic Information

Current School _____ School Phone () _____

School Address _____
Street or P.O. Box City State Zip Code

Current Grade _____ Dates Attended _____

Prior School _____
Name Address Dates Attended

Scholastic Information (Continued)

Please indicate academic level of pupil's previous work: Excellent Good Average Poor

Has your child ever been retained in school? If so, please list: _____

Has your child ever been: Expelled Dismissed Suspended or Refused Admission to another school?

If yes, please explain: _____

Has your child ever been in trouble with the law? Yes No If yes, please explain: _____

Has your child ever used alcohol, tobacco, or drugs of any kind? Yes No If yes, please explain: _____

Does your child have any body piercings? _____ Tatoos? _____

Note: Any enrolled student that gets a tattoo, ear piercing (male), or body piercing will automatically be asked to withdraw from BFCS.

References

Pastor _____
Name Street or P.O. Box City State Zip Code

Teachers: Current Mathematics and English teachers to whom inquiries about the applicant should be addressed.

Math Teacher _____
Name Street or P.O. Box City State Zip Code

English Teacher _____
Name Street or P.O. Box City State Zip Code

Other: An adult in the community who knows the applicant and to whom inquiries about him/her may be addressed.

Other Adult _____
Name Street or P.O. Box City State Zip Code

Siblings

Please list the names of the applicant's brothers and sisters.

Name	Age	School	Name	Age	School
_____	_____	_____	_____	_____	_____
Name	Age	School	Name	Age	School
_____	_____	_____	_____	_____	_____
Name	Age	School	Name	Age	School
_____	_____	_____	_____	_____	_____

Relatives

Please list the names of any relatives who have attended or who are attending BFCS.

Name	Class/Dates of Attendance	Relationship	Name	Class/Dates of Attendance	Relationship
_____	_____	_____	_____	_____	_____
Name	Class/Dates of Attendance	Relationship	Name	Class/Dates of Attendance	Relationship
_____	_____	_____	_____	_____	_____

Referrals

Reason for selecting BFCS? _____

Have you previously enrolled a child in our school? Yes No If yes, when? _____

Interview

Have you had an interview? Yes No If yes, when? _____

If no, please contact the school office to set up the required interview and campus visit.

Signatures

Parent/Guardian Date Applicant Date

Please return this form to our Business Office. Upon receipt, BFCS will provide you with the application packet.
 All forms should be returned to the Business Office as soon as they are completed.

Notice of Nondiscriminatory Policy

Ben's Ford Christian School, Inc. admits students of any race, color, national, or ethnic origin to all the rights and privileges, programs, and activities generally afforded or made available to students at the school. It does not discriminate on the basis of race, color, national or ethnic origin in administration of its educational policies, admissions policies, or athletic and other school-administered programs.