



## Application for Admission

Student Name: \_\_\_\_\_ Sex: Male Female  
 (First) (Middle) (Last)  
 Address: \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_  
 (City) (State) (Zip code)

Home Phone: \_\_\_\_\_ Student Cell: \_\_\_\_\_ Student Email: \_\_\_\_\_

I wish to enter my child in grade \_\_\_\_\_ for the academic year 20\_\_ - 20\_\_, and have included the \$50 (U.S. student) or \$150 (international student) non-refundable application fee.

Citizen of: \_\_\_\_\_ Native Language: \_\_\_\_\_ Ethnicity (optional): \_\_\_\_\_

Language spoken at home: \_\_\_\_\_ Current U.S. Visa Status (if any): \_\_\_\_\_

### Family or Guardian Information

**Father/Guardian's Name:** \_\_\_\_\_

Home Address (if different from above): \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer's Name & Address: \_\_\_\_\_

Occupation/Title: \_\_\_\_\_ Business Phone: \_\_\_\_\_ ext. \_\_\_\_\_

Highest level of Education: \_\_\_\_\_

Email address: \_\_\_\_\_  I do not want to receive email correspondence

**Mother/Guardian's Name:** \_\_\_\_\_

Home Address (if different from above): \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer's Name & Address: \_\_\_\_\_

Occupation/Title: \_\_\_\_\_ Business Phone: \_\_\_\_\_ ext. \_\_\_\_\_

Highest level of Education: \_\_\_\_\_

Email address: \_\_\_\_\_  I do not want to receive email correspondence

Parent's Marital Status:  Single  Married  Divorced  Separated  Widowed

Parent/Guardian with whom the student lives: \_\_\_\_\_

**Maternal Grandparents Names:** \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Paternal Grandparents Names:** \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Sibling Information:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Gender: \_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Gender: \_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Gender: \_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

**Faith**

Faith background or denomination: \_\_\_\_\_

Church or Place of Worship: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

**School History**

School applicant is currently attending: \_\_\_\_\_

Name of Principal/Head of School: \_\_\_\_\_

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

School Fax: \_\_\_\_\_ Current Grade Level: \_\_\_\_\_ Date of Entry (M/Y): \_\_\_\_\_

List all schools attended during the last three years if different from above:

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

Has the applicant had any disciplinary problems in school? If yes, please explain:

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

Has the applicant received or is currently receiving special education services or been diagnosed with performance indicators of a learning disability or attention deficit learning style?

Does the student have an Individualized Education Plan (IEP)? If yes, please explain:

\_\_\_\_\_

Has the student ever received an educational evaluation or neuropsychological evaluation? \_\_\_\_\_

If yes, list the most current evaluation date. \_\_\_\_\_

Has the applicant received any awards or recognition? If yes, please list:

\_\_\_\_\_

## International Student Information

Person/Agency responsible for host family placement: \_\_\_\_\_

Website/Telephone: \_\_\_\_\_

## Additional Information

Will you be applying for financial aid? \_\_\_\_\_ If yes, please complete the FACTS Tuition Aid application at [www.factstuitionaid.com](http://www.factstuitionaid.com).

Who is financially responsible for the applicant? \_\_\_\_\_

How did you hear about us? \_\_\_\_\_ Referred by (If applicable): \_\_\_\_\_

## Signatures

I have read and understand the information provided by Bradford Christian Academy about the school and its admission process. I grant Bradford Christian Academy permission to request and receive confidential information regarding my child. I understand that this confidential information will be used as part of the admission process and, as necessary, by the teacher to gain further understanding of the student.

Signature of Parent or Guardian: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

For Office Use: Date Rec'd _____ Ck.No. _____ Amt. _____
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Bradford 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. The school does not discriminate on the basis of race, color, national or ethnic origin in the administration of educational policies, admissions policies, scholarship and loan program, athletic or other school-administered program.