

Daily Pickup / Emergency Authorization

Please list all persons that you have authorized to pick-up your child from the premises of EL Bethel Christian Academy; only the persons listed on this form will be allowed to take your child from this school. If for some /reason you or anyone listed below are unable to pick-up your child please call the school office and notify the school staff of who will be picking up your child for that day. This individual must provide the school staff with proper I.D. at which time a photocopy of the I.D. will be placed in the student's file. For your student's safety, we will not release them if this procedure is not followed. I, _____

Do authorize the following people to pick up my child on a daily or emergency basis. I also take responsibility to contact the school to let them know of any changes in this vital matter.

Authorized Person	Relationship	Address	Phone

Late Fee will be applied after 3:15 p.m.

Enclose the following with your application for each student:

- 1. Application filled out completely
- 2. Application Fee & Transcripts for High School Students
- 3. A copy of Student's Birth Certificate
- 4. A recent photograph
- 5. Request for Release Form
- 6. **IMPORTANT: By Law, We must have on file the student's up-to-date health records-which includes health exam form and immunization records recorded on form 680. These should be included in their school records which we are requesting. However, for all 7th graders: All 7th graders entering school now must receive a Hepatitis B Vaccine, a second dose of MMR, and tetanus-diphtheria booster. This must be recorded on the new 680 form by a doctor or health clinic. We cannot accept 7th grade students without this original form or a temporary medical exemption from the doctor or health clinic showing you are in the process of completing shots.**

Enrollment Application Form



EL Bethel Christian Academy
3000 Bruton Blvd. Orlando, FL 32805
Office: (407) 648-1978
Fax: (407) 648 – 1979
Principal: Mr. David Thomas, Sr.
Asst. Principal: Mrs. Allison Riley-Moore

One Application Filled Out For Each Student

Application must be filled out in its entirety to be considered for admission.

Date: _____

Student's Name: _____
Last, First Middle

Birth Date: _____ Age: _____ Male: _____ Female: _____

Student's SSN#: _____ - _____ - _____ Ethnic Background: White __ Black __ Hispanic __ Other _____

Name of Parent(s) or Guardian(s) that student resides with: Full Name Please

Father: _____ Occupation: _____

Mother: _____ Occupation: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

E-mail: _____@_____

Father's Work#: _____ Mother's Work#: _____

Father's SSN#: _____ - _____ - _____ Mother's SSN#: _____ - _____ - _____

Alternate Contacts: _____

Are Parents Separated: Yes ___ No ___ If Yes, Who has legal custody? _____

With whom does the student live with? Mother ___ Father ___ Father/Mother ___ Other _____

If Custodial Parent is remarried, please give the name of the spouse: _____

How did you hear about EL Bethel Christian Academy? _____

When do you desire to start school? _____

MEDICAL HISTORY / CONCENT FOR TREATMENT

It is mandatory that pupils who show symptoms of communicable disease be excluded from class until re-admission is acceptable to school authorities. Your cooperation will be greatly appreciated. Thank You! Please check all of the following that apply. Has student ever had or have?

	<i>Mumps</i>		<i>Hay Fever</i>		<i>Chicken Pox</i>
	<i>Measles</i>		<i>Pneumonia</i>		<i>Polio</i>
	<i>Diabetes</i>		<i>Rheumatic Fever</i>		<i>Discharging Ears</i>
	<i>Whooping Cough</i>		<i>Diphtheria</i>		<i>Convulsions</i>
	<i>Asthma</i>		<i>Scarlet Fever</i>		<i>Heart Disease</i>

Recent Disabilities – Please Check All That Apply:

	<i>4 or more colds yearly</i>		<i>Fainting Spells</i>		<i>Hearing Difficulty</i>
	<i>Frequent Sore Throat</i>		<i>Abdominal Pains</i>		<i>Tires easily</i>
	<i>Poor Vision</i>		<i>Frequent Urination</i>		<i>Shortness of breath</i>
	<i>Frequent Leg Pains</i>		<i>Allergies</i>		<i>Hernia (rupture)</i>
	<i>Dizziness</i>		<i>Persistent Cough</i>		<i>Ringworm</i>
	<i>Frequent Sties</i>		<i>Speech Difficulty</i>		<i>Nose Bleeding</i>
	<i>Dental Defects</i>		<i>Crippling Conditions</i>		<i>Growing Pains</i>

Please list all allergies student has: _____

Allergies to medicine: _____

Does your child have a disability due to disease or accident? _____

Has your child had a skin test for Tuberculosis? _____ Date Administered _____

Has he been associated with a Tuberculosis patient _____ When _____

Personal Record:

Is your student Shy _____ Overactive _____ Bite Fingernails _____ Suck Thumb or fingers _____

Have excessive fears _____ Have Temper Tantrums _____ Like School _____ Play well with others _____

Eat Breakfast _____ When is Regular Bedtime _____

I hereby give my consent for: _____, to be treated by a physician at an emergency center or hospital in case of injury or illness while under the custody of EL Bethel Christian Academy.

Name of Child's Physician _____ Phone _____

Address _____

Please Turn in All Immunization and Health Records to Office with this Application.

Date: _____ Parent/Guardian Signature: _____

STUDENT INFORMATION

Last Grade Completed: _____ Date Completed: _____

Last School Attended: _____ Phone#: _____

Write the Correct Address of Last School Attended here and on the Request for Release Form.

Address: _____

City: _____ State: _____, Zip code: _____

Has Student Officially Withdrawn From Previous School? _____

What Curriculum Did Last School Attended Use? _____

Use Extra Paper for the Following Questions, If Necessary: Has student ever failed in school?

Yes ___ No ___ If Yes Please Explain: _____

Has student ever had discipline problems? Yes ___ No ___ If Yes Explain: _____

Evaluate Student's Progress in Previous Academic Work:

Excellent ___ Above Average ___ Average ___ Good ___ Poor ___

How would you describe your student's reading ability? _____

Note any learning problems or specific disabilities on a separate sheet of paper and enclose with this application: _____

List any other information regarding the student's past history that may be of assistance to us: _____

Does the student work? _____ If so, Where? _____

Does the student belong to any youth groups, clubs, and etc.? _____
