



**Bethany  
Christian  
Academy**

### Requesting Admissions Information

#### Parent/Legal Guardian Contact Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Street Address \_\_\_\_\_

Address Line 2 \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email \_\_\_\_\_ Phone Number \_\_\_\_\_

#### Student Information

Student's Legal First Name \_\_\_\_\_

Student's Legal Middle Name \_\_\_\_\_

Student's Legal Last Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

Current School \_\_\_\_\_ Current Grade Level \_\_\_\_\_

Grade Applying For \_\_\_\_\_

#### Additional Information

Does the student take medication / have physical limitations? \_\_\_\_\_

If "yes", please explain (text box)

Has the student ever been in special education classes or ever been diagnosed with a learning disability? \_\_\_\_\_

If "yes", please explain (text box)

Does the student have any emotional/discipline problems? \_\_\_\_\_

If "yes", please explain (text box)

Has the student ever been retained, expelled, or suspended from school? \_\_\_\_\_

If "yes", please explain (text box)