

Student's Name _____

EDUCATIONAL INFORMATION

Has the applicant ever been evaluated for any of the following?

- ADD ADHD Autism Learning Disabilities Speech/Language Gifted
 Psychological Disorders Special Education/ECI Programs Other

If you have checked any of the boxes above, attach a complete explanation and all other relevant documentation.Is student on medication for any of the above conditions? yes no. If so, which condition and what is the medication? _____Has the applicant ever been placed into remedial or below-level classes? yes no. If so, which classes? _____Has student ever received modifications or accommodations in the classroom? yes no. If so, what are the modifications or accommodations and in what class were they received? _____If the applicant is in 9th-12th grade, have they failed any course required for graduation? If so, which courses? _____Has the applicant ever been suspended (either in school or out of school), expelled or refused admittance at any school? yes no. If so, please explain. _____Has the applicant ever been placed on probation or in a disciplinary program at school? yes no. If so, what was the offense and the discipline? _____Does the applicant suffer from any medical conditions or chronic illnesses? yes no. If so, please explain. _____Does the applicant have Diabetes? yes no Asthma? yes no Epilepsy? yes noDoes the applicant have any condition, which may require frequent restroom stops? yes no. If so, please explain. _____Has the applicant been diagnosed with any hearing impairment? yes no. If so, please explain. _____Does the applicant have any visual impairment, wear glasses or contacts? yes no. If so, please explain. _____Does the applicant have any immediate family members (parents, siblings, grandparents) who have reading difficulties? yes no. If so, please explain. _____Will your student be taking daily medication throughout the year? yes no. If so, please check with the office about regulations regarding medication. Please list any medications your student may require: _____

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EMERGENCY AUTHORIZATION

Grade	Student's Name & Date of Birth	Authorization For (Check the boxes to authorize administration)	Type of Allergy (Drug, Food, Insect)	Allergy Med used to control allergy Special Alerts: Emergency Treatments:	Special Medication Usual Dosage: Potential Side Effects: Emergency Treatment:	Disease or Condition Treatment: Cautions: Other Information:	If student has any of the limitations or difficulties in the following areas, please check and explain. Attach pages if necessary
		<input type="checkbox"/> Acetaminophen <input type="checkbox"/> Ibuprofen <input type="checkbox"/> Benadryl <input type="checkbox"/> Throat Lozenge <input type="checkbox"/> Antacid					<input type="checkbox"/> Vision <input type="checkbox"/> Speech <input type="checkbox"/> Hearing <input type="checkbox"/> Other
		<input type="checkbox"/> Acetaminophen <input type="checkbox"/> Ibuprofen <input type="checkbox"/> Benadryl <input type="checkbox"/> Throat Lozenge <input type="checkbox"/> Antacid					<input type="checkbox"/> Vision <input type="checkbox"/> Speech <input type="checkbox"/> Hearing <input type="checkbox"/> Other
		<input type="checkbox"/> Acetaminophen <input type="checkbox"/> Ibuprofen <input type="checkbox"/> Benadryl <input type="checkbox"/> Throat Lozenge <input type="checkbox"/> Antacid					<input type="checkbox"/> Vision <input type="checkbox"/> Speech <input type="checkbox"/> Hearing <input type="checkbox"/> Other

Student's Primary Physician and Phone _____

Emergency Contacts

Father/Guardian _____

Home Phone _____ Work Phone _____ Cell Phone _____

Mother/Guardian _____

Home Phone _____ Work Phone _____ Cell Phone _____

Other Emergency Contact _____

Home Phone _____ Work Phone _____ Cell Phone _____

Other Emergency Contact _____

Home Phone _____ Work Phone _____ Cell Phone _____

As Legal Guardian of the child(ren) listed, I authorize: (must check appropriate boxes below)

- Designated BCS employees/assigns, in the event of an emergency and in my absence, to make decisions that are normally reserved for the child's parent/guardian and to act as they judge to be in the best interest of my child(ren). I agree to forever hold harmless BCS employees/assigns, attending physician(s) and medical and emergency personnel for any liability, injury, loss or cost suffered as a result of decisions made and acted upon in good conscience and according to medical knowledge available at the time. I understand that I am responsible for all expenses associated with my child(ren)'s medical/emergency needs.
- Designated BCS employees/assigns to administer medicines listed on the Emergency Authorization Form as they deem necessary and I hold harmless BCS employees/assigns for any liability related to the administration of these medications.
- Designated BCS employees/assigns to administer first aid and/or CPR as they judge necessary.
- Designated BCS employees/assigns to call emergency services as they judge necessary, to choose a hospital for treatment, to transport my child to that hospital, and to work with physicians, emergency workers and other medical personnel in the perceived best interest of my child.
- The attending physician or medical personnel to administer blood or blood products to my child(ren).

Unauthorized Pickup

 Is there anyone with whom your child(ren) is NOT to leave campus with or be picked up by? yes no

If so, use this space to explain. The school will seek to comply with all legal constraints, provided that we are given copies of relevant legal orders.

 Signature of Custodial Parent/Legal Guardian Date

 Signature of Custodial Parent/Legal Guardian Date

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ENROLLMENT AGREEMENT

 Primary Payer _____ Spouse's First Name _____ N/A

Mailing Address _____

Physical Address (if different) _____

Email _____

Home Phone _____ Work Phone _____ Cell Phone _____

 Secondary Payer _____ Spouse's First Name _____ N/A

Mailing Address _____

Physical Address (if different) _____

Email _____

Home Phone _____ Work Phone _____ Cell Phone _____

Student Information

Student Name _____ Grade _____

Student Name _____ Grade _____

Student Name _____ Grade _____

Payment Options

- Payment in Full (Due by June 23, 2017. \$100 discount (per child) if paid in full by June 1, 2017.)
- Payment by Semester (Fall Semester due by July 28, 2017. Spring Semester due by January 9, 2018.)
- 10 Month Plan (August 21, 2017-May 21, 2017. Enrollment must be completed before 6/02/2017.)
- 12 Month Plan (June 5, 2017-May 4, 2018. Enrollment must be completed before 5/5/17.)
- Enrolling after school has begun? Payments will be divided equally among remaining months. Final payment due before May 4, 2018.

Please Read Carefully

Monthly tuition payments will be drafted via Electronic Funds Transfers (EFT) through FACTS Tuition Management. Any EFT returned for insufficient funds will be assessed a \$30 late fee through FACTS. FACTS will continue to draft the account to recover the tuition payment plus applicable fees as stated in the separate agreement signed at the time of enrollment in the FACTS program. A \$30 fee will be charged if there is a change in the EFT regarding payment method, account drafted, transfer date, etc. Additional changes will incur additional \$30 fees.

Families with unresolved delinquent accounts of 60 days or more will not be permitted to attend classes at BCS, will not be enrolled for the following year, and by signing this agreement, agree that the school may withhold all records (including official transcripts) until full payment is made and accounts are brought current. By signing this agreement, I (we) agree and acknowledge that the school must make budgetary decisions upon a projection of total enrollment, purchasing supplies and materials, contracting with teachers and staff, and deciding operational issues based upon our agreement and representation to enroll our child for the entire school year. As a result, we agree that we are responsible to the school for tuition for the **SEMESTER THE STUDENT ATTENDED**. We agree that, in the event that our child is removed from BCS or does not otherwise complete the entire school year for any reason, including but not limited to withdrawal, expulsion, disciplinary issues, natural disasters, financial issues, health issues or excessive absences, failure to pay tuition in a timely manner, or any other reason, we are still responsible for tuition and fees for the **SEMESTER THE STUDENT ATTENDED** in the amount set forth in the Tuition & Fees brochure as well as any reasonable expense the school may incur to collect monies due. Appeal of particular circumstances in this regard may be made to the Head of School or his designee.

For new applicants: This contract is conditional to the following terms: If admission is denied, the registration fee will be refunded and this Enrollment Agreement will be shredded. If admission is granted, the family will have 15 days after notification by the school to inform BCS if they decide not to enroll. After the family accepts admission or after the 15 days, whichever comes first, the enrollment contract will be executed and the registration fee becomes non-refundable.

Signature of Primary Payer _____ Date _____

Signature of Secondary Payer _____ Date _____

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Student's Name _____

CONTRACTUAL AGREEMENT

Parent's Pledge: We will read the Student Handbook and the Athletic Handbook, if applicable, provided on the BCS website. We agree to respect these documents as foundational to the curricula and authority of BCS. We provide to BCS the authority to discipline our child as necessary in accordance with the laws of the State of Texas and Biblical principle. We will require our child to comply with school regulations and will support the school in word, action and spirit. We understand that a child who persists in unacceptable conduct will face consequences and, at the discretion of the school, may not be allowed to remain at BCS.

Application: As parents, we have completed this application to the best of our ability and have provided all information requested or relevant to our child's educational, psychological and physical needs. By signing this document, we agree that any misrepresentation or omission of vital information in regard to the child's or family's legal status; the child's health and wellbeing; the child's academic or disciplinary record; the child's record of diagnostic, psychological and educational testing; any record the child may have of criminal behavior; or any other facet of the child's history which may impact his or her ability to succeed within the larger school family at BCS may be grounds for administrative action up to and possibly including immediate dismissal. Furthermore, we authorize BCS to accomplish all necessary research and secure information pertinent to the school's enrollment decision.

Records: All records, forms and information obtained as a result of the enrollment process or created during the child's period of enrollment at BCS are the property of BCS. We acknowledge and support the school's right to withhold records in the event of non-payment of tuition and/or fees and to charge appropriate fees when complying with legal requirements to produce copies for official purposes.

Placement: BCS pledges to work closely with the parent for appropriate placement of each student. The final decision, however, lies with the administration of the school; we will support the school in this regard.

Grievances: BCS faculty, staff, parents and students are asked to model Biblical problem solving by applying the principles of Matthew 18:15-19, 35 in seeking to settle differences. Based upon this model, we agree to the following. In the event of questions, concerns or conflict pertaining to student/teacher relations, assignments, classroom procedures, teacher actions, grades, etc., we pledge to first consult with the classroom teacher. Should the meeting with the teacher prove unsatisfactory, we will consult with the teacher and the appropriate Principal. If differences still exist, we will seek an appointment with the Head of School. If differences remain after meeting with the Head of School, we may then exercise our right of appeal by submitting a letter explaining our complaint to the Chairman of the Board of Directors who will then decide upon an appropriate course of action with the approval of the entire school board.

Media Release: We, the undersigned, hereby give BCS permission to photograph, interview or video our child(ren) and/or display his/her work. Photos, interviews, video or student work may be used to promote or advertise BCS at school functions, in school publications, on the school website or in outside media or events. We will not ask or expect financial remuneration for such usage, and we hereby release the school, employees, photographers, videographers or any other school assign from any liability or damages arising from the use of said material for public viewing.

Tuition & Fees Policy: By signing this application, I (we) agree and acknowledge that the school must make budgetary decisions upon a projection of total enrollment, purchasing supplies and materials, contracting with teachers and staff, and deciding operational issues based upon our agreement and representation to enroll our child for the **semester**. As a result, we agree that we are responsible to the school for tuition for the **semester** the student attended. We agree that, in the event that our child is removed from BCS or does not otherwise complete the entire school year for any reason, including but not limited to withdrawal, expulsion, disciplinary issues, natural disasters, financial issues, health issues or excessive absences, failure to pay tuition in a timely manner, or any other reason, we are still responsible for tuition and fees for the **semester** the student attended as well as any reasonable expense which the school may assume in serving to collect monies due. Appeal of particular circumstances in this regard may be made to the Head of School or his designee.

Medical Insurance: We are responsible for all expenses associated with our child's medical needs, accidents or emergencies while attending BCS. We assume responsibility for professional services to care for our child in any emergency and agree to hold harmless BCS, its employees, agents and/or assigns for and against any or all loss, damage or associated expense. Insurance which the school may carry will, at best, be secondary to our family or personal coverage.

 Signature of Father/Guardian Date

 Signature of Mother/Guardian Date

 Student Signature (Grades 7-12) Date

The student, grades 7-12, and the two persons who are legally responsible for this applicant **MUST** sign. If only one parent is responsible, please indicate by writing "Non-Applicable" in place of the second signature.

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PAYMENT AGREEMENT

Student Name _____ Grade _____

Student Name _____ Grade _____

Student Name _____ Grade _____

Monthly Payment Options *(please confirm your payment plan choice and method by checking the appropriate boxes)*
 10 Month Plan (August 21, 2017-May 21, 2018. Enrollment must be completed before 6/02/2017.)

 12 Month Plan (June 5, 2017-May 4, 2018. Enrollment must be completed before 5/5/17.)

 Electronic Funds Transfer (EFT) from my Checking Account

 Electronic Funds Transfer (EFT) from my Savings Account

Please Read Carefully

Your enrollment contract will be with BCS, but you will set up an Electronic Funds Transfer (EFT) agreement with FACTS. FACTS is the tuition management service most widely used by private and faith-based schools nationwide, serving 3,500 schools and more than two million families since 1986. FACTS will save BCS a great deal of administrative time and costs, as well as assist us in building a better cash reserve and accounting method. Please be assured that neither FACTS nor BCS will have direct access to or any knowledge about the status of your bank account. EFT is simply a pre-authorized bank-to-bank transfer of funds. This process is highly regulated by many strict government standards. Additionally, FACTS has a strict privacy policy and safeguards to protect your information. A copy of their privacy statement, an informational brochure and a copy of this letter will be given to you before you leave.

For each account that is drafted, there is a non-refundable \$38 set-up fee.. This fee will be drafted on the same account that you indicate for your monthly payments and will be processed within the next few weeks. This is an annual fee. If you need to make changes in the EFT agreement once it has become effective, there will be a \$30 change fee each time (payable by cash or check to BCS at the time the change is requested). Changes must be handled through the school and you must allow at least seven business days for the change order to be processed. FACTS will assess a \$30 returned payment fee if a transfer is declined for insufficient funds. This fee will automatically be deducted from the account listed for each returned payment.

A BCS representative will fill out the EFT form for you to sign. If you intend to apply for financial aid, we will not be able to complete the payment amount section. This will be completed after the aid determination is finalized. The EFT form will not be sent to FACTS until this section is completed. If you are not an authorized signer on the account that will be drafted, you will need to take the EFT form and have it signed by the authorized person. Your child's enrollment papers will be placed on hold until the EFT form is returned to the admissions office. Please return the EFT form back to the school as soon as possible as your child's placement is not secured until the enrollment process is finalized. Additional details about the EFT agreement are listed on the back of your copy of the agreements.

Your signature below indicates that you have read and understood the above information.

FACTS Peace of Mind (POM) Benefit Option:

The POM benefit will pay any FACTS unpaid balance (except payments in arrears) in the event of the death of the Responsible Party who signed the agreement or his/her legal spouse. There are age restrictions and health restrictions that pertain to cancer, which you need to read if you choose this option. The non-refundable annual fee for this benefit is \$14.

Do you wish to choose this option? yes no

Do you have any questions about any of the above information? yes no

If yes, please note below:

 Signature of Primary Payer

 Date

 BCS Representative

 Date

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Student's Name _____

STATEMENT OF FAITH

The basis of the programs and services of BCS shall be the Word of God as interpreted by the following statement of faith. We believe:

- that there is one God, eternally existent in three persons: Father, Son and Holy Spirit. (Genesis 1:1, Matthew 28:19, John 10:30)
- that the Bible is the only inspired and infallible authoritative Word of God. (II Timothy 3:15 & 16, II Peter 1:21)
- in the deity of our Lord Jesus Christ, the Son of God; in His virgin birth; in His sinless life; in His miracles; in His vicarious and atoning death through His shed blood; in His bodily resurrection from the dead; in His personal return in power and glory. (John 10:30)
- in the creation of Man by a direct and unique act of God. (Genesis 1:26-28)
- that Man is sinful by nature and by choice, and that regeneration by the Holy Spirit is essential to his salvation. This regeneration occurs when an individual believes in his innermost being that he is separated from God because of his sin, repents of that sin and by an act of God-given faith, receives Jesus Christ as his personal and only Master and Savior. At this point, we believe God gives the free gift of eternal life. (John 3:16-19, John 5:24, Romans 3:23, Romans 5:8-9, Ephesians 2:8-10, Titus 3:5)
- in the continuing ministry of the Holy Spirit, by whose indwelling from the moment of regeneration, the Christian is enabled to live a Godly life, which glorifies the Lord Jesus Christ. (Romans 8:13-14, 1 Corinthians 3:16, 1 Corinthians 6:19-20, Ephesians 4:30, Ephesians 5:18)
- in the resurrection of both the saved and the lost; they who are saved unto eternal life with God, and those who are lost unto eternal damnation and separation from God. (John 5:28-29)
- in the spiritual unity of believers in our Lord Jesus Christ. As His earthly body, He has uniquely equipped each believer to serve Him and one another. (Romans 8:9, 1 Corinthians 12:12-13, Galatians 3:26-28)

With these tenets as our basis, it is our stated intention to obey Christ's command to "Go...into all the world and make disciples of all nations," which includes the evangelism of all children whom our Lord brings under our instruction. This will be done with discretion and sensitivity, and in full communication with the parents as to the activity of the Holy Spirit in the life of the child.

I have read the Statement of Faith and understand that these are the principles and basis of the programs and services of BCS.

I agree to abide by, or have my student abide by, the rules and guidelines set forth in the Student Handbook as found on the BCS website.

Signature of Father/Guardian Date

Signature of Mother/Guardian Date

Student Signature (Grades 7-12) Date

The student, grades 7-12, and the two persons who are legally responsible for this applicant MUST sign. If only one parent is responsible, please indicate by writing "Non-Applicable" in place of the second signature.

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