

**To: Prospective BCS Family Members**  
**From: Stephen Meier, Head of School**  
**RE: Enrollment at BCS**

Dear Family,  
BCS offers you a remarkable educational package. Consider these things:

- **Christ-Centered Education:** Every aspect of the BCS experience is grounded in a Christ-centered, eternal perspective reflecting the values you prize at home. We count it as a privilege to pour ourselves into each child – nurturing, caring, guiding—because we believe in the high calling God has pre-ordained for each one of them.
- **Strong Academics:** Quality instruction supported by fair, consistent discipline gives students a framework in which to excel. Enrichment programs enhance the curriculum at every grade level. Smaller classes provide the optimum educational advantage.
- **Accreditation:** BCS is dual accredited by Association of Christian Schools International (ACSI) for K-12<sup>th</sup> grade and AdvancED. ACSI is one of the most rigorous accrediting agencies in the world. BCS coursework exceeds state requirements and is recognized by all accredited post-secondary institutions. We are the first school in the US to go through this dual accreditation process.
- **Athletic Opportunities:** For a small school, BCS manages an exciting sports program involving students grades 7-12. BCS has often ranked high in district, regional and state competitions. Check out the banners in our gym!
- **Family Environment:** From preschool through high school, BCS students enjoy one busy, joyful campus! Come see for yourself! We welcome parental involvement, seeking to honor your position and authority in all we do.
- **Qualified, Godly Teachers:** BCS teachers teach here because they believe in the eternal significance of our program. They hold degrees from top universities and are certified through ACSI.

As parents, we have no more significant responsibility than to raise up our children in the wisdom and grace of God. At BCS, we will partner with you in this process, focusing all efforts into all that is best for your child. We hope you will allow us that opportunity!

In His Service,



Stephen Meier

## ADMISSION PROCEDURES

### Step 1: Fees, Application & Other Documents

#### 1) FEES: (See current Tuition and Fee Schedule)

- Application Fee (Non-refundable/Non-transferable, regardless of admission decision)
- Registration Fee: (Due upon acceptance to the school)

#### 2) APPLICATION FORMS

- Admissions Packet
- **Recommendation forms.** Elementary students need only a recommendation from their most recent Elementary teacher. Secondary students (7<sup>th</sup>-12<sup>th</sup>) need one from each of the following: Principal, Counselor, Math teacher, and English teacher. Recommendation form is included in the Admission Packet.

#### 3) DOCUMENTATION

Clear **COPY** (no originals please) of the following documents:

- Report card (current year) for elementary, Official transcript including summer school and dual credit classes for high school students
- Official birth certificate (Not a hospital certificate, etc.)
- Current immunization record
- Picture of student

### Step 2: Interview and Testing

Admission testing will be required for placement and/or acceptance of students. Tests are given by appointment and at the discretion of the administration.

Transcripts will be evaluated for students entering 9<sup>th</sup> – 12<sup>th</sup> grades to ensure that graduation requirements can be met within the BCS class schedule.

After receipt of ALL the documents and fees listed in Step 1 and the testing is complete, the administration may conduct a parent and student interview. The Admissions Office will contact the parents to schedule the interview appointment only upon completion of Step 1 (including receipt of Recommendation forms if applicable).

### Step 3: Notification and Finalization

The school will contact the parents in writing after the interview and testing is completed. The Admissions Committee determines the final decision.

Student's Name \_\_\_\_\_

**APPLICATION, PAGE 1****Student Information**

Application Date \_\_\_\_\_ Applying for Grade (PK3 PK4, K, 1-12) : \_\_\_\_\_ Age as of Sep 1st \_\_\_\_\_

Applying for: PK 3 PK 4  3 Half Days-PK3 only  5 Half Days.  5 Full Days. **Kindergarten**  5 Half Days  5 Full Days.

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

Home Phone \_\_\_\_\_ Student Cell Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

Physical Address (if different) \_\_\_\_\_

Student Email \_\_\_\_\_

**Parent Information**Student lives with Father Mother Step-Father Step-Mother Grandparent Other \_\_\_\_\_

Father's Name (Mr., Dr.) \_\_\_\_\_

Father's Address \_\_\_\_\_

Father's Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's Email \_\_\_\_\_

Father's Employer/Title/Occupation \_\_\_\_\_

Mother's Name (Mrs., Ms., Miss, Dr.) \_\_\_\_\_

Mother's Address \_\_\_\_\_

Mother's Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's Email \_\_\_\_\_

Mother's Employer/Title/Occupation \_\_\_\_\_

Check all that apply: Parents Separated Parents Divorced Who Has Custody \_\_\_\_\_Father Remarried Father Deceased Mother Remarried Mother Deceased

*Both parents will receive school communications. It is the custodial parent's responsibility to provide relevant legal documentation to the school stating otherwise.*

**Other Adults Living With The Student**Relationship: Stepfather Stepmother Grandparent Other \_\_\_\_\_

Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Employer/Title/Occupation \_\_\_\_\_

Student's Name \_\_\_\_\_

**APPLICATION, PAGE 2****Brothers & Sisters**

Name \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

**Grandparents**

Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Employer/Title/Occupation \_\_\_\_\_

Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Employer/Title/Occupation \_\_\_\_\_

**School History**

School Student is Now Attending \_\_\_\_\_

Principal's Name \_\_\_\_\_ Phone \_\_\_\_\_

School Mailing Address \_\_\_\_\_

If student attended above school for less than one year, list the name and address of previous school? \_\_\_\_\_

**Church Affiliation**

Church Student Attends \_\_\_\_\_

Denomination \_\_\_\_\_ Pattern of Attendance:  Weekly  Monthly  Irregularly  Rarely  Never

Name of Pastor or Youth Pastor \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Is the student involved in church activities?  yes  no If so, what? \_\_\_\_\_

Church Family Attends (if different from student) \_\_\_\_\_

Denomination \_\_\_\_\_ Pattern of Attendance:  Weekly  Monthly  Irregularly  Rarely  Never

Name of Pastor \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

*A letter may be mailed or emailed to student's and/or family's church to verify attendance.*

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 9<sup>th</sup>-12<sup>th</sup> 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: \_\_\_\_\_

Student's Name \_\_\_\_\_

**RELEASE OF RECORDS AUTHORIZATION****To the Student's Current School**

This student is applying to Brazosport Christian School. Please send the following information:

- Official Transcript  
 Unofficial Transcript  
 Last Report Card/Educational Records  
 Birth Certificate  
 Medical Records  
 Standardized Test Results (last 2 years)  
 Discipline Records  
 ARD/IEP  
 Other

**To the Applicant's Parent(s) or Guardian(s)**

Your student's records must come directly from the current school and will be considered invalid if received by any other means. Complete the following information, sign and date this form. This form must accompany your student's application for admission.

Name of Applicant \_\_\_\_\_

Name of Current School \_\_\_\_\_

Current Grade \_\_\_\_\_

School Address \_\_\_\_\_

School Phone \_\_\_\_\_ School Fax \_\_\_\_\_

Principal's Name \_\_\_\_\_

If Elementary, Name of Homeroom Teacher \_\_\_\_\_

If Grade 7-12, Name of Math and English Teachers \_\_\_\_\_

I (we) certify that the information provided above is true to the best of my (our) knowledge. I give permission for this school to provide requested information directly to BCS. I (we) understand that my student may be enrolled on a conditional basis at BCS until these official records are received. I (we) further understand that my student may be found ineligible for enrollment at BCS based upon information obtained through these school records.

\_\_\_\_\_  
Signature of Custodial Parent/Legal Guardian      Date\_\_\_\_\_  
Signature of Custodial Parent/Legal Guardian      Date**Mail or Fax to BCS, Attention: Admissions. Questions? Call 979-297-0563, ext. 100****Brazosport Christian School Admissions Packet 2016-2017, Revised Feb. 1, 2017, Page 6 of 13**  
**200-B Willow Drive • Lake Jackson, Texas 77566 • 979.297.0563 • fax 979.297.8455 • [www.1bcs.org](http://www.1bcs.org)**

*BCS admits students of any race, color, national or ethnic origin to all the rights, privileges, programs and activities generally accorded to or made available to students in the school. It does not discriminate on the basis of race, color, national or ethnic origin in the administration of its educational policies, scholarship and loan programs, or any other school-administered programs. BCS policies may be changed from time to time, as the school, in its sole discretion, may elect. Furthermore, such policies shall be considered in light of the overall policies and proceedings established for the school's students. The policies expressed herein, as they may be amended from time to time, shall supersede and have control over any previously published guidelines and/or policies.*

**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

**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, 2016-May 21, 2018. Enrollment must be completed before 6/03/2016.)  
 12 Month Plan (June 5, 2016-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 \$45 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 \$45 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 \$45 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 \_\_\_\_\_



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.

**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, 2016-May 4, 2018. Enrollment must be completed before 5/05/17.) 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 \$45 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 \$45 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 \$45 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

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.

Student's Name \_\_\_\_\_

**CHURCH REQUEST***(Top half of form to be filled out by parent. Bottom half of form to be filled out by church.)*

Church Name \_\_\_\_\_

Church Mailing Address \_\_\_\_\_

Church Phone \_\_\_\_\_

Church Fax \_\_\_\_\_

Church Email \_\_\_\_\_

I (we) give permission for this church to provide requested information directly to BCS. I (we) understand that my student may be enrolled on a conditional basis at BCS until this information is received. I (we) further understand that my student may be found ineligible for enrollment at BCS based upon information obtained.

\_\_\_\_\_  
Signature of Custodial Parent/Legal Guardian Date      Signature of Custodial Parent/Legal Guardian Date

The following family has applied for admission to BCS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_*(Top half of form to be filled out by parent.)**(Bottom half of form to be filled out by church.)*

They indicated on the admission application that they attend your church. We would like for you to verify their attendance at your church by filling out this form and returning it to us. The admission process is not complete until we receive your response.

Pattern of Attendance:     Weekly     Monthly     Irregularly     Rarely     Never

Name of church staff filling out form \_\_\_\_\_

Position in church \_\_\_\_\_

Thanks so much for your help and attention to this matter.

In His Service,  
BCS Registrar**Mail or Fax to BCS, Attention: Admissions. Please do not return this form to the student. Questions? Call 979-297-0563, ext. 100****Brazosport Christian School Admissions Packet 2016-2017, Revised Feb. 1, 2017, Page 12 of 13**  
**200-B Willow Drive • Lake Jackson, Texas 77566 • 979.297.0563 • fax 979.297.8455 • [www.1bcs.org](http://www.1bcs.org)**

BCS admits students of any race, color, national or ethnic origin to all the rights, privileges, programs and activities generally accorded to or made available to students in the school. It does not discriminate on the basis of race, color, national or ethnic origin in the administration of its educational policies, scholarship and loan programs, or any other school-administered programs. BCS policies may be changed from time to time, as the school, in its sole discretion, may elect. Furthermore, such policies shall be considered in light of the overall policies and proceedings established for the school's students. The policies expressed herein, as they may be amended from time to time, shall supersede and have control over any previously published guidelines and/or policies.

Student's Name \_\_\_\_\_

**CONFIDENTIAL RECOMMENDATION FORM**

 Check one  Principal  Counselor  Math Teacher  English Teacher  Elementary Teacher

**To the applicant and parent/guardian(s):**

Sign and deliver this form to your current principal, counselor or appropriate teacher with a stamped envelope addressed to the BCS Admissions Office. Ask that the form be mailed or faxed back to BCS promptly, as you cannot proceed with the Admissions process until it is completed and received. This form cannot be accepted if brought in by the parent or student.

I give permission for you to provide the following information directly to Brazosport Christian School.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_ Student Signature (Grades 7-12) \_\_\_\_\_ Date \_\_\_\_\_

**To the person completing this evaluation:**

Thank you for taking the time to complete this form. The information you provide will be kept confidential. Please elaborate, if necessary, on the back of this form or attach additional information.

 What was the last grade attended at this school? \_\_\_\_\_  
 Has the student received any special awards or recognition? \_\_\_\_\_  yes  no  
 Has the student been involved with alcohol or drugs? \_\_\_\_\_  yes  no  
 Has disciplinary action ever been taken on this student? \_\_\_\_\_  yes  no  
 Are the parents supportive of school policies? \_\_\_\_\_  yes  no

**Additional questions for Principal or Counselor only:**

 Is the student in good standing and eligible to re-enter your school if you offer the next grade level?  yes  no

If no, why? \_\_\_\_\_

 If your school is private, does the family meet its financial responsibilities for school bills on time?  yes  no

**Recommendation:**  Highly Recommended  Recommended  With Reservation  Not Recommended

If answer is "with reservation" or "not recommended", please explain on the back of this form.

**Please indicate your observations about the applicant by circling the appropriate boxes in the chart below.**

Areas	1	2	3	4	5
<b>Academic Ability &amp; Attentiveness</b>	Exceptionally promising, high honor roll	Fine student, probably honor roll	Capable of passing work, but not with honors	Marginal ability or questionable motivation	Poor academic risk
<b>Integrity</b>	Exceptionally upright	Noticeably upright	Upright, no cause to question	Weak or questionable	Record of dishonesty
<b>Initiative, Drive &amp; Motivation</b>	Outstanding, resourceful	Well above average	Generally strong enough	Occasionally weak or lacking	Very weak
<b>Personal Qualities</b>	Outstanding person, tops in all respects	Considerable appeal, generally quite strong	Generally okay, no strength, no weaknesses	Not very appealing, immature	Poor impression, very immature
<b>Emotional Stability</b>	Exceptionally stable	Well balanced	Usually well balanced	Excitable or unresponsive	Hyper-emotional or apathetic
<b>Conduct/ Self Discipline</b>	Outstanding	Excellent	Good	Fair	Poor
<b>Study Habits</b>	Outstanding	Excellent	Good	Fair	Poor

Name of School \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Name of Person Completing Form \_\_\_\_\_ Title \_\_\_\_\_ Length of Acquaintance With Student \_\_\_\_\_

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