



<b>STUDENT INFORMATION</b>			
Application Date:	Applying for Grade:	Age as of Sep 1 <sup>st</sup> :	
LAST NAME:		FIRST:	MIDDLE:
Student Phone:		Student Email:	
Applying for PK 3: <input type="checkbox"/> 3 Half Days-PK3 only <input type="checkbox"/> 5 Half Days <input type="checkbox"/> 5 Full Days		Applying for PK4: <input type="checkbox"/> 5 Half Days <input type="checkbox"/> 5 Full Days	Will the child attend After School Care? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Birth:	Race/Ethnicity: <i>(Brazosport Christian School admits students without regard to race; however, this information is important for many reports for which the school is responsible.)</i> <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Native American <input type="checkbox"/> Other _____		
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female			
Address:	City:	State:	Zip:

<b>1. PARENT/GUARDIAN INFORMATION</b>			
Last Name:		First Name:	
Address:	City:	State:	Zip:
Email:	Cell Phone:	Home Phone:	
Employer:	Occupation:	Work Phone:	
Relationship to Student: : <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Stepfather <input type="checkbox"/> Stepmother <input type="checkbox"/> Grandmother <input type="checkbox"/> Grandfather <input type="checkbox"/> Aunt <input type="checkbox"/> Uncle <input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Other Explain: _____		Custody: <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Contact in Case of Emergency: <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>2. PARENT/GUARDIAN INFORMATION</b>			
Last Name:		First Name:	
Address:	City:	State:	Zip:
Email:	Cell Phone:	Home Phone:	
Employer:	Occupation:	Work Phone:	
Relationship to Student: : <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Stepfather <input type="checkbox"/> Stepmother <input type="checkbox"/> Grandmother <input type="checkbox"/> Grandfather <input type="checkbox"/> Aunt <input type="checkbox"/> Uncle <input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Other Explain: _____		Custody: <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Contact in Case of Emergency: <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>Grandparents</b>			
<b>1. Grandparent</b>			
Last Name:		First Name:	
Address:	City:	State:	Zip:
Email:	Cell Phone:	Home Phone:	
Employer:	Occupation:	Work Phone:	
Relationship to Student: <input type="checkbox"/> Grandmother <input type="checkbox"/> Grandfather		Contact in Case of Emergency: <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Approved to Pick Up: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>2. Grandparent</b>			
Last Name:		First Name:	
Address:	City:	State:	Zip:
Email:	Cell Phone:	Home Phone:	
Employer:	Occupation:	Work Phone:	
Relationship to Student: <input type="checkbox"/> Grandmother <input type="checkbox"/> Grandfather		Contact in Case of Emergency: <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Approved to Pick Up: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Educational Information</b>			
Has the applicant ever been evaluated for any of the following? <input type="checkbox"/> ADD <input type="checkbox"/> ADHD <input type="checkbox"/> Autism <input type="checkbox"/> Learning Disabilities <input type="checkbox"/> Speech/Language <input type="checkbox"/> Gifted <input type="checkbox"/> Psychological Disorders <input type="checkbox"/> Special Education/ECI Programs <input type="checkbox"/> Other <b>If you have checked any of the boxes above, attach a complete explanation and all other relevant documentation.</b>			
Does the applicant have any immediate family members (parents, siblings, grandparents) who have reading difficulties? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain. _____			
Has the applicant ever been placed into remedial or below level classes? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which classes? _____			
Has student ever received modifications or accommodations in the classroom? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what are the modifications or accommodations and in what class were they received? _____			
Has the applicant ever been suspended (either in school or out of school), expelled or refused admittance at any school? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain. _____			
Has the applicant ever been placed on probation or in a disciplinary program at school? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain. _____			
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? _____ _____			
School the student is currently attending? _____		Principal's name? _____	
Address: _____		Phone: _____	

**MEDICAL INFORMATION**

Is the student on any medication?  Yes  No If yes, what is the condition and what is the medication? \_\_\_\_\_

Does the applicant suffer from any medical conditions or chronic illnesses?  Yes  No If yes, please explain. \_\_\_\_\_

Does the student have Diabetes?

Yes  No

Does the student have Asthma?

Yes  No

Does the student have Epilepsy?

Yes  No

Does the applicant have any condition, which may require frequent restroom stops?  Yes  No If yes, please explain. \_\_\_\_\_

Has the applicant been diagnosed with any hearing impairment?  Yes  No If yes, please explain. \_\_\_\_\_

Does the applicant have any visual impairment, wear glasses or contacts?  Yes  No If yes, please explain. \_\_\_\_\_

Will your student be taking daily medication throughout the year?  Yes  No If yes, please check with the office about regulations regarding medication. Please list any medications your student might require: \_\_\_\_\_

Allergies?  Yes  No

Type of Allergy (Drug, Food, Insect): \_\_\_\_\_

Allergy medication used to control allergy? \_\_\_\_\_

Special Alerts or Emergency Treatments: \_\_\_\_\_

Disease or Condition? \_\_\_\_\_

Treatment, cautions and other information? \_\_\_\_\_

If student has any of the limitations or difficulties in the following areas, please check.

Vision  Speech  Hearing  Other (Please explain below)

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date



**EMERGENCY AUTHORIZATION**

Grade:	DOB:	Student Name:
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As Legal Guardian of the child(ren) listed, I authorize administration of: (check the boxes to authorize administration)

Acetaminophen    Ibuprofen    Benadryl    Throat Lozenge    Antacid

**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).

**EMERGENCY CONTACT & PICK UP LIST**

*If listed below, the person(s) listed will be on both the EMERGENCY CONTACT & PICK UP list.*

<b>Name:</b>		<b>Relationship:</b>	
Home:	Cell:	Work:	
Address:	City:	State:	Zip:
<b>Name:</b>		<b>Relationship:</b>	
Home:	Cell:	Work:	
Address:	City:	State:	Zip:
<b>Name:</b>		<b>Relationship:</b>	
Home:	Cell:	Work:	
Address:	City:	State:	Zip:
<b>Name:</b>		<b>Relationship:</b>	
Home:	Cell:	Work:	
Address:	City:	State:	Zip:
<b>Name:</b>		<b>Relationship:</b>	
Home:	Cell:	Work:	
Address:	City:	State:	Zip:

Signature of Custodial Parent/Legal Guardian

Date

Signature of Custodial Parent/Legal Guardian

Date

ENROLLMENT AGREEMENT			
Student Name:		Grade: PK 3: <input type="checkbox"/> 3 Half Days-PK3 only <input type="checkbox"/> 5 Half Days <input type="checkbox"/> 5 Full Days PK4: <input type="checkbox"/> 5 Half Days <input type="checkbox"/> 5 Full Days K- 12: _____	
Primary Payer:		Spouse's First Name: _____ <input type="checkbox"/> N/A	
Mailing Address:		City:	State: _____ Zip: _____
Physical Address (if different):		City:	State: _____ Zip: _____
Secondary Payer:		Spouse's First Name: _____ <input type="checkbox"/> N/A	
Mailing Address:		City:	State: _____ Zip: _____
Physical Address (if different):		City:	State: _____ Zip: _____
Email:	Home Phone:	Cell Phone:	Work Phone:
PAYMENT OPTIONS			
<input type="checkbox"/> Payment in Full (Due by July 30, 2021. \$100 discount (per child) if paid in full. <input type="checkbox"/> Payment by Semester (Fall Semester due by August 2, 2021. Spring Semester due by January 4, 2022.) <input type="checkbox"/> 10 Month Plan (August 20, 2021-May 20, 2022. Enrollment must be completed before 6/01/2021.) <input type="checkbox"/> 12 Month Plan (June 5, 2021-May 5, 2022. Enrollment must be completed before 5/05/2021.) <input type="checkbox"/> Enrolling after school has begun? Payments will be divided equally among remaining months based on the number of school days left in the school year. Final payment due before May 5, 2022.			
AFTER SCHOOL CARE—PAYMENT OPTIONS (Only complete if the student will be attending After School Care)			
<input type="checkbox"/> Payment in Full (Due at time of Enrollment: \$1600 p/year) - (\$800.00 per additional sibling) <input type="checkbox"/> Payment by Semester (Due by first day of 1 <sup>st</sup> Semester and first day of 2 <sup>nd</sup> Semester) (\$800 p/semester) – (\$400.00 per additional sibling) <input type="checkbox"/> Monthly Payment (\$160 p/month) – (\$80.00 for each additional sibling)			
PLEASE READ THE INFORMATION BELOW CAREFULLY			
<p><i>Monthly, Semester or Full tuition payments will be drafted via Electronic Funds Transfers (EFT) through FACTS Tuition Management. Any EFT returned for insufficient funds will be assessed a \$70 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.</i></p> <p><i>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. 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 in the amount set forth in the Withdrawal Fees Chart.</i></p> <p><i>Application fee and Registration fee are non-refundable.</i></p> <p style="text-align: right;"><b>Initial Here</b> _____</p>			
Signature of Primary Payer:		Date: _____	
Signature of Secondary Payer:		Date: _____	
OFFICE USE ONLY			
Application Fee: \$100 <input type="checkbox"/> Date: _____ Check#: _____ Cash: <input type="checkbox"/> Receipt#: _____			
Registration Fee: See Tuition and Fee Schedule <input type="checkbox"/> Date: _____ Check#: _____ Cash: <input type="checkbox"/> Receipt#: _____			
Pay in Full: <input type="checkbox"/> Date: _____ Check#: _____ Cash: <input type="checkbox"/> Amount:\$ _____ Receipt#: _____			

<b>PAYMENT AGREEMENT</b>	
Student Name:	Grade:
Student Name (sibling attending):	Grade:
Student Name (sibling attending):	Grade:
<b>MONTHLYLY PAYMENT OPTIONS</b> <i>(please confirm your payment plan choice and method by checking the appropriate boxes)</i>	
<input type="checkbox"/> 10 Month Plan (August 20, 2021-May 20, 2022. Enrollment must be completed before 6/01/2021.) <input type="checkbox"/> 12 Month Plan (June 5, 2021-May 5, 2022. Enrollment must be completed before 5/05/21.)	
<input type="checkbox"/> Electronic Funds Transfer (EFT) from my Checking Account <input type="checkbox"/> Electronic Funds Transfer (EFT) from my Savings Account <input type="checkbox"/> Electronic Funds Transfer (EFT) from Debit / Credit Card (with 2.85% charge each transaction)	
<b>PLEASE READ THE INFORMATION BELOW CAREFULLY</b>	
<p>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 nor 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. You will receive a copy of their privacy statement, an informational brochure, and a copy of this letter.</p> <p>For each account that is drafted, there is a non-refundable set up fee of: \$50 for monthly pay, \$20 for semester pay, or \$0 for full pay. You may also use debit / credit card to pay for your tuition, now there is a (2.85% charge each transaction). These fees will be drafted on the same account that you indicate for your 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, you can contact the school and make the change. 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 \$70 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.</p> <p>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.</p> <p>Your signature below indicates that you have read and understood the above information.</p>	
<b>FACTS Peace of Mind (POM) Benefit Option</b>	
<p>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 \$20.</p> <p>Do you wish to choose this option? <input type="checkbox"/> yes    <input type="checkbox"/> no</p>	
<p>Do you have any questions about any of the above information? <input type="checkbox"/> yes    <input type="checkbox"/> no</p> <p>If yes, please note. _____</p>	

\_\_\_\_\_  
Signature of Primary Payer

\_\_\_\_\_  
Date

\_\_\_\_\_  
BCS Representative

\_\_\_\_\_  
Date







## WITHDRAWAL FEES CHART

Date of Notification of Withdrawal	Amount Due to BCS
April 1 – May 31, 2021	\$250.00
June 1 – August 9, 2021	\$500.00
September 1 – October 31, 2021	50% of Annual Tuition
November 1 – December 31, 2021	75% of Annual Tuition
After January 1, 2022	100% of Annual Tuition

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

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

 Email, Mail or Fax to BCS, Attention: Admissions. Please do not return this form to the student. Questions? Call 979-297-0563, ext. 1000  
 200-B Willow Drive • Lake Jackson, Texas 77566 • 979.297.0563 • fax 979.297.8455 • email bcs@1bcs.org • www.1bcs.org



2021-2022

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

**Email, Mail or Fax to BCS, Attention: Admissions. Questions? Call 979-297-0563, ext. 1000**  
200-B Willow Drive • Lake Jackson, Texas 77566 • 979.297.0563 • fax 979.297.8455 • email [bc@1bcs.org](mailto:bc@1bcs.org) • [www.1bcs.org](http://www.1bcs.org)