

STUDENT INFORMATION			
Application Date:	Applying for Grade:	Age as of Sep 1 st :	Shirt Size:
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:

1. PARENT/GUARDIAN INFORMATION			
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	

2. PARENT/GUARDIAN INFORMATION			
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	

Grandparents			
1. Grandparent			
Last Name:		First Name(s):	
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	
2. Grandparent			
Last Name:		First Name(s):	
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	

Educational Information	
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 If you have checked any of the boxes above, attach a complete explanation and all other relevant documentation.	
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 th - 12 th grade, have they failed any course required for graduation? If so, which courses? _____ _____	
School the student is currently attending? _____ Address: _____	Principal's name? _____ Phone: _____

MEDICAL INFORMATION		
Is the student on any medication? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is the condition and what is the medication? _____ _____		
Does the applicant suffer from any medical conditions or chronic illnesses? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain. _____ _____		
Does the student have Diabetes? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does the student have Asthma? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does the student have Epilepsy? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does the applicant have any condition, which may require frequent restroom stops? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain. _____		
Has the applicant been diagnosed with any hearing impairment? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain. _____		
Does the applicant have any visual impairment, wear glasses or contacts? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain. _____		
Will your student be taking daily medication throughout the year? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please check with the office about regulations regarding medication. Please list any medications your student might require: _____ _____		
Allergies? <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Vision <input type="checkbox"/> Speech <input type="checkbox"/> Hearing <input type="checkbox"/> Other (Please explain below)		
_____ _____		

_____ Signature of Custodial Parent/Legal Guardian	_____ Date	_____ Signature of Custodial Parent/Legal Guardian	_____ Date
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EMERGENCY AUTHORIZATION		
Grade:	DOB:	Student Name:
<p>As Legal Guardian of the child(ren) listed, I authorize administration of: (check the boxes to authorize administration)</p> <p> <input type="checkbox"/> Acetaminophen <input type="checkbox"/> Ibuprofen <input type="checkbox"/> Benadryl <input type="checkbox"/> Throat Lozenge <input type="checkbox"/> Antacid </p>		
<p>As Legal Guardian of the child(ren) listed, I authorize: (must check appropriate boxes below)</p>		
<p><input type="checkbox"/> 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.</p>		
<p><input type="checkbox"/> 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.</p>		
<p><input type="checkbox"/> Designated BCS employees/assigns to administer first aid and/or CPR as they judge necessary.</p>		
<p><input type="checkbox"/> 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.</p>		
<p><input type="checkbox"/> The attending physician or medical personnel to administer blood or blood products to my child(ren).</p>		

EMERGENCY CONTACT & PICK UP LIST			
<i>If listed below, the person(s) listed will be on both the EMERGENCY CONTACT & PICK UP list.</i>			
Name:		Relationship:	
Home:	Cell:	Work:	
Address:	City:	State:	Zip:
Name:		Relationship:	
Home:	Cell:	Work:	
Address:	City:	State:	Zip:
Name:		Relationship:	
Home:	Cell:	Work:	
Address:	City:	State:	Zip:
Name:		Relationship:	
Home:	Cell:	Work:	
Address:	City:	State:	Zip:
Name:		Relationship:	
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

Payment in Full (Due by July 31, 2024. \$100 discount (per child) if paid in full.)
 Payment by Semester (Fall Semester due by August 1, 2024. Spring Semester due by January 5, 2025.)
 10 Month Plan (August 20, 2024-May 20, 2025. Enrollment must be completed before 7/01/2024.)
 12 Month Plan (June 5, 2024-May 5, 2025. Enrollment must be completed before 5/05/2024.)
 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, 2025.

AFTER SCHOOL CARE—PAYMENT OPTIONS (Only complete if the student will be attending After School Care)

Payment in Full (Due at time of Enrollment: \$1600 p/year) - (\$800.00 per additional sibling)
 Payment by Semester (Due by first day of 1st Semester and first day of 2nd Semester) (\$800 p/semester) – (\$400.00 per additional sibling)
 Monthly Payment (\$160 p/month) – (\$80.00 for each additional sibling)

PLEASE READ THE INFORMATION BELOW CAREFULLY

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.

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.

Initial Here _____

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 BCS Fees Chart.

Application fee is non-refundable. Initial Here _____

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#: _____

PAYMENT AGREEMENT	
Student Name:	Grade:
Student Name (sibling attending):	Grade:
Student Name (sibling attending):	Grade:
MONTHLYLY PAYMENT OPTIONS <i>(please confirm your payment plan choice and method by checking the appropriate boxes)</i>	
<input type="checkbox"/> 10 Month Plan (August 20, 2024-May 20, 2025. Enrollment must be completed before 7/01/2024.) <input type="checkbox"/> 12 Month Plan (June 5, 2024-May 5, 2025. Enrollment must be completed before 5/05/2024.)	
<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 2.95% charge each transaction)	
PLEASE READ THE INFORMATION BELOW CAREFULLY	
<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: \$55 for monthly pay, \$25 for semester pay, or \$25 for full pay. You may also use debit / credit card to pay for your tuition, now there is a (2.95% 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>	
FACTS Peace of Mind (POM) Benefit Option	
<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
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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 year. As a result, we agree that we are responsible to the school for tuition for agreed upon tuition, plus fees based on the BCS Fees chart. 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 the annual tuition in a timely manner, or any other reason, we are still responsible for tuition and fees as detailed in the BCS Fees chart, 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.

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.

Signature of Father/Guardian	Date	Signature of Mother/Guardian	Date
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Student Signature (Grades 6-12)	Date
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The student, grades 6-12, 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.

BCS FEES CHART

Opt-In For Re-Enrollment	
Processed on April 15, 2024	\$150.00
Opt-Out of Re-Enrollment	
Before April 15, 2024 <i>Must notify by this date of intent to withdrawal to avoid withdrawal fees</i>	No Charge
Withdrawal Fees <i>Applicable to all enrolled students for 24/25 school year</i>	
April 16 – July 31, 2024	\$500
August 1 – October 31, 2024	50% of Annual Tuition
November 1 – December 31, 2024	75% of Annual Tuition
After January 1, 2025	100% of Annual Tuition

Signature of Custodial Parent/Legal Guardian	Date	Signature of Custodial Parent/Legal Guardian	Date
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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 6-12)

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
Academic Ability & Attentiveness	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
Integrity	Exceptionally upright	Noticeably upright	Upright, no cause to question	Weak or questionable	Record of dishonesty
Initiative, Drive & Motivation	Outstanding, resourceful	Well above average	Generally strong enough	Occasionally weak or lacking	Very weak
Personal Qualities	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
Emotional Stability	Exceptionally stable	Well balanced	Usually well balanced	Excitable or unresponsive	Hyper-emotional or apathetic
Conduct/ Self Discipline	Outstanding	Excellent	Good	Fair	Poor
Study Habits	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**

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 6-12, 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 bcgs@1bcs.org • www.1bcs.org