

| 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> | |
| Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female | | <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 _____ | |
| 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 |
|--|------|--|------|

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

| 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"/> PK4: <input type="checkbox"/> 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, 2025. \$100 discount (per child) if paid in full.
 Payment by Semester (Fall Semester due by August 5, 2025. Spring Semester due by January 5, 2026.)
 10 Month Plan (August 20, 2025-May 20, 2026. Enrollment must be completed before 7/01/2025.)
 12 Month Plan (June 5, 2025-May 5, 2026. Enrollment must be completed before 5/05/2025.)
 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, 2026.

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. Further, any unresolved accounts at the conclusion of each year will be forwarded over to a collection agency, who will work on behalf of BCS to collect due funds and close all outstanding accounts.

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 a full year's tuition, and will abide by the agreement disclosed in 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 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.

Registration fees are 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#: _____ |

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)
- that God created and ordained marriage in the beginning, as a blessing for both man and woman, before sin entered the world, and that He created marriage to be between one man and one woman, who enter into a covenant relationship, complement one another, serve one another, and sanctify one another for as long as they both shall live. Accordingly, we reject any redefinition of marriage. We believe that the homosexual lifestyle and alternative gender identities are contrary to the Bible. (Gen. 1:27-28; 2:15-24; Lev. 18:22; Lev. 20:13a; Mt. 19:4-6; Rom 1:26-27; 1 Cor 7:14)

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 6-12)

Date

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.

Student's Name _____

STUDENT CONTRACT

BCS seeks to uphold a community of union and oneness. By agreeing to attend our campus, each student will agree to abide by the following expectations below to the best of their ability.

- I will strive to take my next step toward maturity each day (physically, emotionally, mentally, academically, and spiritually).
- I will own up to my faults and any wrongs I may make and complete the steps necessary to restore and correct any hurts, wrongs or faults I may have caused or influenced.
- I will treat every person on this campus with the same respect shown to me by God and with the respect I myself desire to be treated.
- I will do all things in excellence and to the best of my ability. I will refrain from obsession with results and control the measures I have control over.
- I will work to strengthen and edify myself, my peers and my school through selfless acts and a posture of love and respect.
- I will honor every person on campus as someone who is loved by God and holds the same worth, love and value as myself.
- I will take care of myself in healthy balance of work, rest, recreation and relationship with others.
- I will remain open to applying the instruction and lessons taught first by the way of Jesus found in scripture and through the guidance of the staff and counsel of the BCS community.

With these measures lived by and honored we believe that our campus will serve as a light for our surrounding community, and will ensure a training into how to productively and effectively navigate their introduction into an interdependent community. This will be done with prudence and respect, as we seek to continue with a healthy formation of discipleship within our BCS student body.

I have read the Student Contract and understand that the above expectations are to be followed by my student.

| | | | |
|------------------------------|------|------------------------------|------|
| Signature of Father/Guardian | Date | Signature of Mother/Guardian | Date |
|------------------------------|------|------------------------------|------|

I have read the Student Contract and understand and agree to carry out the above expectations to the best of my abilities.

| | |
|---------------------------------|------|
| Student Signature (Grades 6-12) | Date |
|---------------------------------|------|

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, 2025 | \$150.00 |
| Opt-Out of Re-Enrollment | |
| Before April 15, 2025 <i>Must notify by this date of intent to withdraw to avoid withdrawal fees</i> | No Charge |
| Withdrawal Fees <i>Applicable to all enrolled students for 25/26 school year</i> | |
| April 16 – July 31, 2025 | \$500 |
| August 1 – October 31, 2025 | 50% of Annual Tuition |
| November 1 – December 31, 2025 | 75% of Annual Tuition |
| After January 1, 2026 | 100% of Annual Tuition |

| | | | |
|--|------|--|------|
| Signature of Custodial Parent/Legal Guardian | Date | Signature of Custodial Parent/Legal Guardian | Date |
|--|------|--|------|

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 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 _____

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