

BETHEL LIFE SCHOOL 2007-2008 Student Registration Card

OFFICE USE _____

LAST NAME OF STUDENTS		
HOME ADDRESS		
CITY/STATE	ZIP	HOME TELEPHONE
**RACE		
1 = American Indian or Alaskan Native		4 = Black (not of Hispanic origin)
2 = Asian or Pacific Islander		5 = White (not of Hispanic origin)
3 = Hispanic		

STUDENT'S FULL NAME	*GRADE TO ENTER	BIRTHDATE	SEX	**RACE	SOCIAL SECURITY NUMBER	PREVIOUS SCHOOL

***FOR KINDERGARTEN ENROLLMENT PLEASE INDICATE YOUR PREFERENCE:**

- 4 year-old kindergarten (K-4) Half-day AM
 5 year-old kindergarten (K-5) Half-day AM Full-day

Parent/Guardian Information

Student lives with:

RELATIONSHIP	NAME	EMPLOYER	WORK PHONE	CELL PHONE
<input type="checkbox"/> Father <input type="checkbox"/> Step-father <input type="checkbox"/> Guardian				
<input type="checkbox"/> Mother <input type="checkbox"/> Step-mother <input type="checkbox"/> Guardian				

If natural parents are divorced, residential custody of child is with: _____
 (Please provide a copy of the most recent court order.)

Family Church	Pastor	Phone
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Emergency Information

TO THE SCHOOL: In case of an emergency or illness contact Parents/Guardians in the following order. In case you are unable to reach a Parent/Guardian during an emergency, you are authorized to contact, and if necessary release my child to the following:

RELATIONSHIP	NAME	ADDRESS	PHONE

APPOINTMENT OF AGENT: I hereby appoint Bethel Life School administration, of lawful age, as my agent and representative for the purpose of authorizing and consenting to hospital care and/or medical care and treatment of the child(ren) listed below. This permission is for any illness or injury that may occur while such child is in the care or custody of the agent between the dates of August 1, 2007 and June 10, 2008, while I am away, on vacation, or otherwise not immediately available to give such consent.

Dated this _____ day of _____, 20____. _____
 (Parent/Guardian Signature)

Health Insurance Company _____ Policy Number _____

Student's Name	Last tetanus toxoid	Allergies	Most recent x-rays	Physical restrictions or health problems

Family Physician	Address	Phone

Parents and teachers must work together for the safe transport of our children from school to home. Please list the persons whom you approve to pick up your child after school. IF YOU ASK SOMEONE ELSE TO PICK UP YOUR CHILDREN ON OCCASION, PLEASE CALL THE SCHOOL OFFICE.

Parents/Guardians and other persons authorized to pick up child(ren):

NAME	RELATIONSHIP	PHONE	LICENSE TAG

Persons who **SHOULD NEVER** pick up child(ren):

NAME	RELATIONSHIP

I, the undersigned, hereby affirm that all information supplied is true and accurate to the best of my knowledge. I also affirm that I have a legal right to make all decisions in connection with the health and welfare of such pupil(s). It is further understood by me that I am responsible for the above named pupil(s) regarding all school matters. I understand it is my responsibility to read the Bethel Life School Parent/Student Handbook and agree to abide by the rules and regulations listed therein.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

Nondiscriminatory Policy: Bethel Life School admits students of applicable age, regardless of gender, race, color, or national or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students of the school. We welcome students of all races and nationalities who willfully submit to the Statement of Faith.