



# Blue Water Christian Academy

1620 Wadhams Road • Kimball, MI 48074 • (810) 367 - 4257

## APPLICATION FOR ENROLLMENT

(Grades K4 - 12)



Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender: M / F Grade to Enter: \_\_\_\_ Year: 20\_\_\_\_ - 20\_\_\_\_

Child's Legal Name:

\_\_\_\_\_  
Last or Family Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Name child goes by

Address:

\_\_\_\_\_  
Number

\_\_\_\_\_  
Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

Cell: ( \_\_\_\_ ) \_\_\_\_\_ Email: \_\_\_\_\_

Child's Last School attended: \_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

Has child repeated any grades: ☐ Yes ☐ No If yes, when? \_\_\_\_\_

Please give names of your immediate family members who have previously attended this school:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date of Attendance

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date of Attendance

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date of Attendance

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date of Attendance

Child  
lives

with: \_\_\_\_\_  
First Name of Father or Person having Paternal Authority Middle Initial Last Name

\_\_\_\_\_  
First Name of Mother or Person having Maternal Authority Middle Initial Last Name

Natural Parental Status

Father Mother

\_\_\_\_\_  
Living

\_\_\_\_\_  
Deceased

\_\_\_\_\_  
Living, Separated

\_\_\_\_\_  
Living, Divorced

\_\_\_\_\_  
Living, Divorced, Remarried

\_\_\_\_\_  
Living, Widowed, Remarried

\_\_\_\_\_  
Adoptive

\_\_\_\_\_  
Foster

Legal Guardian if other than parents:

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip Code

Sibling Information:

Name	Brother/Sister	Age	Grade	School
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Does this child have any physical limitations which might require some adjustment to a normal student's schedule?

☐ Yes ☐ No If yes, please describe \_\_\_\_\_

Does this child have a learning disability or limitation that might require special professional assistance?

☐ Yes ☐ No If yes, please describe \_\_\_\_\_

Does the child take prescription medication regularly? ☐ Yes ☐ No If yes, please fill in the following information:

Medication/Dosage

Frequency

Under what condition is it administered?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has the child been hospitalized within the past year? ☐ Yes ☐ No

If yes, please give dates hospitalized and doctor or facility providing care.

\_\_\_\_\_

\_\_\_\_\_

Do you attend church regularly? ☐ Yes ☐ No If yes, give name of church: \_\_\_\_\_

Reason for selecting this school? \_\_\_\_\_

\_\_\_\_\_

Referred by (If Applicable) \_\_\_\_\_

### PERSONAL TESTIMONY

Parents: on a separate piece of paper, please write out your personal testimony and attach to the application.

Students: (6<sup>th</sup> + only) on a separate piece of paper, write out your personal testimony and the reasons you desire to attend *Blue Water Christian Academy*. Please attach to the application.

### STATEMENT OF COOPERATION

It is understood that my child's attendance is a privilege and not a right, and that if at any time his/her conduct, academic progress, or cooperation with the school's authorities is not in keeping with the school's requirements, the school reserves the right to terminate at its discretion my child's enrollment.

I give permission for my child to take part in all school activities including sports programs and school-sponsored trips away from the school premises. I absolve the school from all liability in the event my child is injured at school or during any school activity. I agree with the school's efforts to train my child in the Bible and will encourage my child in this and all other phases of instruction.

I pledge not to interfere with the school in its efforts to administer discipline to my child in accord with the standards the school sets for itself.

If my child voluntarily withdraws or is requested to withdraw by the school, it is understood and accepted that no refund of registration fee nor tuition will be made.

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

It is understood that attendance at *Blue Water Christian Academy* is a privilege and not a right, which privilege may be forfeited by any such student who does not conform to the standards and regulations of the institution, and that the school may request the withdrawal of any student at any time, who, in the opinion of the school, does not fit into the spirit of the institution, regardless of whether or not he conforms to the specific rules and regulations of *Blue Water Christian Academy*.