

Please print using black or blue ink.

Registration Form 2026-2027

Today's Date / /
(mm/dd/yyyy)

Student Information

Family Name (Surname) _____ Given Names (same order as on passport) _____ English Name (if any) _____ SEVIS ID # _____

U.S. Street Address _____ City _____ Zip Code _____ () - _____
Student's U.S. Cell Number

Grade Applying _____ Age _____ Last School Attended _____ Average Score _____ Gender (M/F) _____ Date of Birth (mm/dd/yyyy) _____

Student's Email Address (required) _____ Student's Video Call ID and Service _____ (Skype, Facebook, etc.) _____

List Allergies and/or Prescription Medications Taking _____ K4 K5 1 2 3 4 5 6 7 8 9 10 11 12
(Circle any grades that the student has attended Bethel)

Guardian Information

Guardian #1: Last Name _____ First Names _____ Relationship _____ Email Address (required) _____

Guardian #1: Employer _____ () - _____ () - _____
Work Phone Number Home or Cell Phone (circle one)

Guardian #2: Last Name _____ First Names _____ Relationship _____ Email Address (required) _____

Guardian #2: Employer _____ () - _____ () - _____
Work Phone Number Home or Cell Phone (circle one)

Other Relatives Attending Bethel:

Name _____ Grade _____ Relationship _____ Name _____ Grade _____ Relationship _____

Parent Information

Father's Last Name _____ First Names _____ Email Address (required) _____

Mother's Last Name _____ First Names _____ Email Address (required) _____

Complete Address in Home Country _____ City _____ Country _____

Emergency Information for medical decisions and child pick up ***if you are unreachable.*** (English speaking please)
These names should be different from the parents' or guardians' names.

Name _____ Relationship _____ () - _____ () - _____
Work Phone Number Home or Cell Phone (circle one)

Name _____ Relationship _____ () - _____ () - _____
Work Phone Number Home or Cell Phone (circle one)

Name _____ Relationship _____ () - _____ () - _____
Work Phone Number Home or Cell Phone (circle one)

Name _____ Relationship _____ () - _____ () - _____
Work Phone Number Home or Cell Phone (circle one)

Statement of Cooperation (Please read and mark the blank to the left of each bullet point.)

- _____ ♦ I understand that the policy of the school is to make **no refunds on registration fees**.
- _____ ♦ I have read the financial information for Bethel Baptist School and agree to cooperate with these standards to the fullest extent.
- _____ ♦ I agree to give the school **a minimum of 30 days written notice** prior to the removal of my child, or any daycare changes.
- _____ ♦ I give permission for my child to take part **in all school activities**, including sports and school-sponsored trips away from the school premises.
- _____ ♦ I give permission for the school **to use my child's photograph** in the school yearbook and for school promotions.
- _____ ♦ I understand that **school attendance is mandatory**, and the excessive absences for any reason could result in the lowering of students' grades.
- _____ ♦ I absolve the school from liability to me or to my child because of any injury to my child at school or during any school activity.
- _____ ♦ Failure to remain current with your school financial obligations may result in removal of your child from classes and school activities. Please provide ***both*** signatures below, if possible.

Father's Signature _____ Date _____

Mother's Signature _____ Date _____

Child Pick Up Information

In the event that you need to send someone to take your child home from school, your child will ONLY be released to those adults (other than the parents or guardians) whom you list below. Your child WILL NOT be released to anyone that is not listed regardless of their relationship to you or your child. **In the event of a disaster, school will not be dismissed.** Children will remain under the supervision of the school and will be provided for according to our emergency operational procedures. They will be released to the parents or the people listed below.

Print the names (**do not include parents or guardians already listed on the front**) of authorized individuals only:

Please **list any medical conditions** that the school should be made aware of in case of extended care.

Please list above the names of people who may NOT pick up your child from school.

-Office Use Only-

Released to _____ Date _____ Time _____

Destination _____ (_____) _____ - _____
Phone Number

Released by _____

First Aid/Medical Treatment Rendered: _____