



**Bethesda
International
Academy**

NEW STUDENT ENROLLMENT FORM
 (A \$150 non-refundable registration fee must accompany this form)
Bethesda International Academy and Preschool/Childcare Center
 6803 N Campbell Avenue Chicago, IL 60645
 Phone: 773-743-0800 Fax: 773-743-4415

PLEASE COMPLETE ENTIRE FILLING IN ALL BLANKS

Date: _____

Student Name: _____ Gender: Male Female

Name Commonly Used: _____ Social Security Number: _____

Program(s) desired:

Elementary Kindergarten Full-Day Preschool Half-Day Preschool Fulltime Childcare
 Grade Entering: (full-day) (8:45am-3:15pm) (8:45am-11:15am) (7am-6pm)
 _____ Age: 3 or 4 Age: 3 or 4 Age: 3 4 5
 (Please circle) (Please circle) (Please circle)

Extended Care: Before school (7-8:45am) After-school (3:15-6pm)

Child's date of birth: _____ Age as of September 1 (current year): _____ Date to begin: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ Place of birth: _____

Father		Mother	
Full Address		Full Address	
Cell Phone		Cell Phone	
Home Phone		Home Phone	
Email		Email	
Occupation		Occupation	
Work Address		Work Address	
Work Phone		Work Phone	

Current marital status: married separated divorced single other: _____

Who has legal custody? (Please provide copies of any court orders or other document(s): _____

Neighborhood Public School: _____ Did your child previously receive Title I services? Y/N

Did your child participate in a Head Start Program? Y/N

Church Affiliation:

- Bethesda Lutheran Church
- Other Lutheran Church-Missouri Synod*
- Other Lutheran Church (various synods)*
- Other Religious Affiliation*
- No church membership

*Church name: _____

Cultural Background: (Please specify country of origin)

	Father	Mother
<input type="checkbox"/> African	_____	_____
<input type="checkbox"/> Asian	_____	_____
<input type="checkbox"/> European	_____	_____
<input type="checkbox"/> Latino	_____	_____
<input type="checkbox"/> Native American	_____	_____
<input type="checkbox"/> Other	_____	_____



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Home and Family Information:

Sibling Name	Age	Date of birth	School (if any)

Is any other language, other than English, spoken at home? yes no If yes, which? _____
 Is your child adopted? yes no At what age? _____ Does he/she know? yes no
 Are there other adults living in the home? yes no If yes, describe: _____
 Does someone other than parents have a significant role in child rearing? _____
 Does your family attend church regularly? yes no If yes, where? _____
 Is your child baptized? yes no Date: _____ Where? _____

Additional Information:

Is there anything else you feel we should know as we work with your child? _____

Have there been any recent changes within your family that could have an impact on your child's adjustment to school? _____

Admission Policies/Statement of Non-Discrimination

Bethesda admits students of any race, color, creed, sex, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students in this school.

Parent/Guardian Signature: _____ Date: _____