



# APPLICATION TO ATTEND B.V.C.S.



Legal Name of Student: \_\_\_\_\_ Nick Name: \_\_\_\_\_

Entering Grade Circle one K 1 2 3 4 5 6 7 8

Gender: Male Female Birthdate: \_\_/\_\_/\_\_\_\_ Child # \_\_\_ of \_\_\_

Church Affiliation: \_\_\_\_\_ Attends Church: Y N Baptized: \_\_/\_\_/\_\_\_\_

Years in Church School: \_\_\_\_\_ Years in Public School: \_\_\_\_\_ Student Attends Sabbath School: Y N

Place of Birth: \_\_\_\_\_ Birth Certificate # \_\_\_\_\_  
(Please attach a copy of the birth certificate if you are a new applicant)

Home address: \_\_\_\_\_  
Street City State Zip

Family E-Mail Address: \_\_\_\_\_

## Parental/Family Information

Legal Name of Father (or Guardian): \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Place of Work: \_\_\_\_\_

Church Affiliation: \_\_\_\_\_ Local Church: \_\_\_\_\_

Legal Name of Mother (or Guardian): \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Place of Work: \_\_\_\_\_

Church Affiliation: \_\_\_\_\_ Local Church: \_\_\_\_\_

## Financial Information

Name of person responsible for the student's account: \_\_\_\_\_

## New Student Information

Do you have an unpaid account in any other school? Y N If yes, amount \$ \_\_\_\_\_

If yes, name of school: \_\_\_\_\_

Has student been suspended or expelled from any school? Y N

If yes, for what reason? \_\_\_\_\_