Blair County Christian School

Initial Application (one form per student, blue or black ink only)



Student Name: Last	First	Middle		B16/871921
Parent/Guardian Name:				
Primary Phone Number:		Circle: Home/Cell	Email:	
Primary Address:				
	City	·	Zip Code	
Age: Date of Birth:	Grade of	requested enrollments	:	
K3/K4: attending 3 days	5 days			
Last School attended				
Reason for leaving previous school	?			
Has the student had disciplinary diff	•			
Do you plan on your child riding yo				
Does your student have a current IE	P from a school d	istrict? If	yes, please attach a copy.	
Does your student have any Health	issues or concerns	s we should be aware	of?	
Please read the below statement ar	nd sign where ind	icated:		
By signing this form, I agree and will website and in the school office)	l adhere to the in	formation given in th	e student handbook. (Avail	able on the school
By signing this form, I am giving my student. (You will be responsible fo		· ·	·	iculum for my
I have read the <u>Financial Information</u> requirements contained within the reference.)		•		•
New Student Enrollment Fee : \$150 enrollment cannot be processed un			eck with your paperwork. A	new student
Parent/Guardian Signature:			_ Date:	
Once you have read, signed, and da	ted, please returi	n this form to the sch	ool office.	