

PLEASE
ATTACH
RECENT
PHOTO



Date of Application _____
Application Fee _____
Interview _____

ELEMENTARY
Application for School Year 2010-2011

***Please **CIRCLE** grade: Pre-K (Full Day) Pre-K (Half Day) Kinder 1st 2nd 3rd 4th 5th

The information requested will be used to determine which students will be considered for admission to Bracken Christian School. **All information must be provided before this application will be processed.**

Student's Legal Name _____
first middle last

Address _____
street city state zip code

Phone (____) _____ Sex ____ Date of Birth _____ Social Security _____

Current School _____

Address _____
street city state zip code

Previous School _____

Address _____
street city state zip code

How did you hear about us? Friend Newspaper Sign Radio Other: _____

Did someone from Bracken Christian School refer you to us? ____ Yes ____ No If so, who? _____

FATHER / STEP-FATHER / GUARDIAN (please circle)

Name _____ Living with child? _____

Occupation _____ Employer _____

Business Phone (____) _____ Cell Phone (____) _____ Email _____

MOTHER / STEP-MOTHER / GUARDIAN (please circle)

Name _____ Living with child? _____

Occupation _____ Employer _____

Business Phone (____) _____ Cell Phone (____) _____ Email _____

OTHER CHILDREN UNDER 18 YEARS OF AGE LIVING WITH FAMILY

Name	Age	School Attending	Grade	Do you plan to enroll these children at BCS? (Yes or No)
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Please make a full statement as to why you want to enroll the applicant at B.C.S.:

SCHOOL

How and why do you believe the applicant would be an asset to B.C.S. and its student body?

Check at what level the student is working: ___ Honors or Gifted/Talented) ___ Above grade level
___ At grade level ___ Below grade level

Does the applicant have any diagnoses/documentated learning difficulties? ___ Yes* ___ No

*If yes, please comment on the diagnosed, date of documentation and treatment and current status:

***Note: Medication or educational documentation must be provided.
Please see handbook for details about our policy on medication and curriculum.**

Does the applicant need any special consideration for a learning disability or delay, physical disability, etc.?

___ Yes ___ No If yes, please comment: _____

Other than as noted above, has the student demonstrated problems with reading comprehension, attention/focus, social skills, organization, memorization, or doing homework? ___ Yes ___ No If yes, please comment:

Does the student take any medications regularly that influence behavior or learning during school?

Yes No If yes, please comment: _____

Has the applicant ever been retained a grade level, suspended, expelled, or asked to withdraw from a school?

Yes No If yes, please comment: _____

Has the applicant ever had In-School suspension? Yes No If yes, please comment: _____

Is the applicant presently in good standing (eligible for re-admission) with the school he/she last attended?

Yes No If no, please comment: _____

Are any financial or other obligations still owed to a previous school? Yes No

If yes, please comment: _____

Have you given a reference form to a previous classroom teacher to be sent to B.C.S.? Yes No

Does the applicant want to attend Bracken Christian School? Yes No If no, please comment as to why not: _____

Is it your intention to have the student come back to B.C.S. next year? Yes No

Do you agree as parent(s) to support all of the policies and standards of Bracken Christian School as long as your child is enrolled here? Yes* No Comments: _____

*****Please carefully read through the Parent/Student Handbook online at www.brackenchristian.com*****

CHRISTIAN BACKGROUND

Personal Testimony Father: On the form provided, please give your personal Christian testimony of a salvation experience.

Mother: On the form provided, please give your personal Christian testimony of a salvation experience.

Bible Do you believe the Bible to be the ONLY inspired and infallible Word of God, our final authority in all matters of faith, truth and conduct?

_____ Yes _____ No Signature: _____
Father

_____ Yes _____ No Signature: _____
Mother

Statement of Faith

Please carefully read our Statement of Faith and indicate below your degree of support.

_____ I fully support the Statement of Faith as written without mental reservations.

_____ I support the Statement except for the area(s) listed and explained on a separate paper. The exceptions represent either disagreements or items for which I have not yet formed an opinion or conviction.

Signature: _____

Father

Signature: _____

Mother

Church

What is your denominational preference? _____

Name of your current local church affiliation: _____

Name of the Senior Pastor _____ Phone number _____

Are you presently an active member in good standing and regularly attending a local church? ____

Does your family support the local church you attend? (attendance, financially, etc.)

____ Yes ____ No If not, please explain: _____

Father: ____ Yes, for ____ years ____ No

Mother: ____ Yes, for ____ years ____ No

In what church activities is your family involved and with what degree of regularity?

Please be specific: _____

Devotional Life

Please describe in detail your family's Bible study and prayer life: _____

FAMILY

Are you presently experiencing any difficulty managing the applicant at home? ____ Yes ____ No

If yes, please comment: _____

What restrictions do you place on the applicant, socially or at home? _____

Please describe the multi-media influences in your home. (TV, computer, video games, cell phones, etc.) Include the amount of time the applicant spends on each item. _____

Please place a check mark beside any of the following that apply or have applied to your child:

- | | | | |
|--|-----------------------------------|---|---|
| <input type="checkbox"/> Hyperactivity | <input type="checkbox"/> ADHD | <input type="checkbox"/> Violent or Aggressive Behavior | <input type="checkbox"/> Nervousness or Anxiety |
| <input type="checkbox"/> Depression | <input type="checkbox"/> ADD | <input type="checkbox"/> Talks Back/Argues With Parents | <input type="checkbox"/> Loses Temper Easily |
| <input type="checkbox"/> Dishonesty | <input type="checkbox"/> Seizures | <input type="checkbox"/> Disrespectful Attitude | <input type="checkbox"/> Frequent Headaches |
| <input type="checkbox"/> Vulgar Speech | <input type="checkbox"/> Truancy | <input type="checkbox"/> Illegal Substance Use | <input type="checkbox"/> Other: _____ |

Please explain any that were checked: _____

Describe the applicant's creative activities. (musical, artistic, literary, etc.): _____

Is there anything else you'd like to tell us about your student? _____



PASTORAL REFERENCE FORM (Required of all applicants**)
ELEMENTARY SCHOOL**

Name of Church: _____

Address: _____

Pastor's Name: _____ Phone: _____

Your insight and knowledge of this child and family can assist us in determining his/her potential for success in our school. _____ is applying for admission to Bracken Christian School.

(Student's full name)

Please check the category that best represents the child and his/her family.

CHILD APPLICANT	Always	Usually	Sometimes	Never	Unknown
Does child regularly attend services, Sunday School, Youth Programs, etc.?					
Child demonstrates a Biblical Worldview.					
Is there an apparent worldly influence in the life of the child?					
Does the child demonstrate truthfulness and faithfulness?					
Does the child exhibit rebelliousness or unruly behavior?					
Is the child one you would recommend to any Christian school?					

APPLICANT'S FAMILY	Always	Usually	Sometimes	Never	Unknown
Does family regularly attend church services, Sunday School, other programs?					
Do parents actively support the church and its ministries? (attendance, financially, etc.)					
Does family demonstrate a Biblical Worldview in decision making?					
Is there an apparent worldly influence in the life of the family?					
Would you recommend this family to any other church?					

How long have you known this student? _____

How long have you known the student's family? _____

I _____ Would _____ Would Not recommend this student for enrollment in Bracken Christian School.

May BCS contact you for further explanation or with any additional questions concerning the child and or his/her family? ___ Yes ___ No

Do you see the child being a positive Christian role model here at BCS? ___ Yes ___ No

Do you see the family being supportive of the school's teachers, administration, etc.? ___ Yes ___ No

Comments: _____

SIGNATURE: _____ DATE: _____

All information will be kept in strict confidence. Please return this form directly to:

Bracken Christian School
670 Old Boerne Road Bulverde, TX 78163
Fax: (830) 980-2327



CLASSROOM TEACHER RECOMMENDATION FORM ELEMENTARY SCHOOL

School: _____ Teacher: _____

Phone: _____ Email: _____

Student's Full Name: _____ is applying for admission to Bracken Christian School.

Your knowledge of this child's preparedness will assist us in determining his/her potential for success in our school.

Please check the level of mastery the student has achieved in each of the following skill areas:	Always	Usually	Sometimes	Never	N/A
Transitions from subject to subject well					
Completes in-class assignments					
Begins a task within an acceptable period of time					
Completes tasks independently					
Follows written directions					
Follows verbal directions					
Completes work commensurate with his/her abilities					
Exhibits good work habits					
Has a good attendance habit					
Sustains adequate attention in class and on assignments					
Is flexible and manages changes in a daily routine					
Responds adequately to verbal directions					
Responds adequately to non-verbal directions					
Copes adequately with auditory distractions					
Copes adequately with visual distractions					
Exhibits age appropriate activity level					
Asks for assistance when needed					
Exhibits a positive attitude					
Possesses adequate age appropriate social skills					
Works well in a small group situation					
Respects the rights of others					
Responds well to correction					
Is able to take turns					
Manages frustration and anger appropriately for age					
Habitually violates others' personal space					
Rushes through in-class work					
Requires excessive attention from teacher					
Requires excessive attention from peers					

How long have you known this student? _____ Are the parents supportive? ___ Yes ___ No

Please summarize any additional thoughts, observations, or comments about the student's behavior and academic ability:

Please check one: I ___ Would ___ Would Not recommend this student for enrollment to B.C.S.

SIGNATURE: _____ DATE: _____

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Fax: (830) 980-2327

Mother's Personal Testimony

Please provide your written testimony in the space below. Include your salvation experience and your personal relationship with Jesus Christ.

Be as specific as possible in providing the circumstances and scriptural basis for your decision to accept Christ as your personal Lord and Savior:

How would you share the gospel with someone? What specific Scriptures would you use?

*****If additional space is needed please attach as a separate document.**

Mother's Signature

Date



Authorization For Release Of Records

School Name: _____

School Address: _____
Street City State Zip

School Telephone # (____) _____ Fax # (____) _____

The following student is applying to Bracken Christian School. Please send ALL of the following records:

- _____ All Academic Records / Transcript
- _____ Explanation of Grading System / School Profile
- _____ All Discipline Information
 - _____ Discipline Records are attached
 - _____ There are no Discipline Records on file for this student _____
(Counselor signature)
- _____ Evaluative Records (Achievement testing, Psychological or other learning disability test results)
- _____ Attendance Records
- _____ Immunization / Health Records

Student's Name: _____

Student's Address: _____

Student's Birth Date: _____ Social Security #: _____

I hereby authorize the release of ALL requested records to Bracken Christian School.

Signature of Parent/Legal Guardian Date

Please fax and mail copies of all requested records to:

Registrar
Bracken Christian School
670 Old Boerne Road
Bulverde, TX 78163
Phone - 830-438-3211
Fax - 830-980-2327

Thank you for your cooperation in this matter.

BRACKEN CHRISTIAN SCHOOL NEW STUDENT MEDICAL & HEALTH FORM #1

STUDENT'S NAME _____ (One form per student)

IMMUNIZATION REQUIREMENTS: Texas state law requires that **ALL** immunizations are current prior to attending school. This means that immunization records will be reviewed and you will be notified if your student will require any immunizations **prior to starting school**. If you have any questions regarding immunization requirements you may call the school clinic (830-980-3267) or Comal County Health Department (830-608-2015).

Name of current school Attending: _____ City and State of school: _____

Military Transfer? Yes No Home School Transfer? Yes No

I understand that Texas state law requires that ALL immunizations be current prior to starting school. If health records are not current I understand my student may not start school at BCS until immunizations are in compliance with Texas state law.

Parent Signature: _____

MEDICATION REQUIREMENTS: Students are required to come to the Nurses Clinic to receive **any** medications unless there is a physicians order on file that states the student can self medicate. **ALL** prescription medications must be in their **original prescription bottle** and properly labeled by the pharmacist. They will only be administered according to the instructions on the bottle. Any long-term medications (taken over a 4 week period or longer) must be accompanied by the *Long Term Medication Form* **signed by the parent/guardian and the prescribing physician**.

I understand that ALL medication is to be brought to the office and must only be administered by BCS personnel with a signed note from a parent/guardian and/or physician indicating the dosage and time of administration.

Parent Signature: _____

EMERGENCY TREATMENT RELEASE

In the event of an accident, injury, or illness, I hereby authorize any representative of Bracken Christian School to obtain medical treatment for my child by any hospital or qualified medical personnel. I assume all responsibility for the expense incurred for emergency treatment.

I give permission for my student to participate in all school activities on the school premises and in any school-sponsored trips/activities away from school.

I understand that if for any reason I want to withhold my child from an activity, I must send a letter the day of the event stating so. The letter must be on a full sheet of paper with the child's name, teacher's name, signed and dated by parent or guardian and brought to the BCS main office by the parent or guardian.

I absolve Bracken Christian School or any of BCS representatives from liability to me or my child because of accident, injury, or illness.

I agree to the EMERGENCY TREATMENT RELEASE

Yes Parent Signature: _____

Permission to receive non-aspirin pain reliever? Yes No

My child/children take(s) long term medication that must be administered during school hours?

Yes No

***** If YES, Permission to Receive Long Term Medication Form must be returned to BCS prior to the first day of school. (Form available at the school office)**

BCS Student Medical Form #2

Student Name:

Physician and Insurance:

Doctor:		Insurance Co:
Doctor Phone:		Policy # :
Dentist:		Group #:
Dentist Phone:		
Preferred Hospital:		

Permission to treat:

Yes No

Medicines Taken Regularly:

		Self Administer: Yes <input type="checkbox"/> No <input type="checkbox"/>	Dose:
Medication 1:		Self Administer: Yes <input type="checkbox"/> No <input type="checkbox"/>	Dose:
Medication 2:		Self Administer: Yes <input type="checkbox"/> No <input type="checkbox"/>	Dose:
Medication 3:		Self Administer: Yes <input type="checkbox"/> No <input type="checkbox"/>	Dose:
Medication 4:		Self Administer: Yes <input type="checkbox"/> No <input type="checkbox"/>	Dose:
Medication 5:		Self Administer: Yes <input type="checkbox"/> No <input type="checkbox"/>	Dose:

Medical Conditions:

		Note:
Condition 1:		Note:
Condition 2:		Note:
Condition 3:		Note:
Condition 4:		Note:
Condition 5:		Note:

Allergies:

Please list ALL allergies, including DRUG allergies.

Allergy 1:		Note:
Allergy 2:		Note:
Allergy 3:		Note:
Allergy 4:		Note:
Allergy 5:		Note:

Parent Signature: _____ **Date:** _____



TUBERCULOSIS (TB) SCREENING FORM

Name: _____ DOB: _____ Date: _____

Circle the answer Yes or No to the questions; if any answer is yes, give the approximate date the symptoms started and whether or not you still have them.

Have you had any of the following symptoms in the past year?

- | | | | |
|--|----|-----|-------------|
| 1. Productive & prolonged cough for 3 weeks or more? | No | Yes | Date: _____ |
| 2. Persistent weight loss without dieting? | No | Yes | Date: _____ |
| 3. Night sweats? | No | Yes | Date: _____ |
| 4. Coughing up blood? | No | Yes | Date: _____ |
| 5. Fever of long duration? | No | Yes | Date: _____ |
| 6. Close and recent contact (in a small area for 6-8 hours) with someone with infectious TB? | No | Yes | Date: _____ |
| 7. Have you recently moved (last 5 years) to the US from a foreign country? | No | Yes | Date: _____ |
| 8. Have you traveled (substantial contact/lived with resident populations) outside the US for more than 1 week? | No | Yes | Date: _____ |
| Country: _____ How long? _____ | | | |
| 9. Have you lived with someone that is considered at high risk for TB (an injection drug user, HIV infected, former prisoner)? | No | Yes | Date: _____ |
| 10. Have you ever had a positive TB skin test in the past? | No | Yes | Date: _____ |
| 11. History of treatment of TB infection or disease | No | Yes | Date: _____ |
| If yes, medication taken: _____ for how long? _____ | | | |

Signature of Parent (or Patient): _____ Date: _____

For Office Use Only:

Nurse/Healthcare Worker _____
Date: _____ Refer to primary care provider for evaluation _____
Date: _____ Refer for Tuberculin Skin Test _____

Maintain original on file.

Bracken Christian School

2010-2011 Application Packet Check List - Elementary School

Student Name: _____

√ Items Included	Items Needed to Complete Registration: √ ALL items required to be returned to BCS in order to proceed with application process (Incomplete Packets Will Not Be Accepted)	Office Use Only
	Read These Documents:	
	Admission Policy and Procedures	
	Mission Statement	
	Tuition and Fee Schedule	
	College Focus/Academic Review	
	Complete These Documents:	
	√ Elementary School Application <u>with</u> Student Photograph Attached	
	√ Parents' Personal Testimonies	
	√ Bracken Christian School New Student Medical & Health Form	
	√ BCS Student Medical Form	
	√ Tuberculosis Screening Form	
	Mail These Documents To References:	
	√ Pastoral Reference Form (Required of ALL applicants): Must be mailed or faxed directly to BCS by Pastor	
	Sent To: _____ Date Sent: _____	
	√ Teacher/Counselor Recommendation Form: Must be Mailed or faxed directly to BCS by Teacher/Counselor	
	Sent To: _____ Date Sent: _____	
	Read and Sign These Documents:	
	√ Grievance Covenant	
	√ Authorization for Release of Records: Give original to current school, a copy to Bracken	
	√ Doctrinal Statement of Faith	
	Secure And Enclose These Documents:	
	√ Certified Copy of Birth Certificate (Not the hospital memento)	
	√ Copy of Social Security Card	
	√ Achievement Test Scores (If available)	
	√ Report Cards or Transcripts (Include copies from last 2 years—official documents will be sent from previous school)	
	√ Home-School Grades (Include copies of grades and/or details of course work for last 2 years)	
	√ Immunization Records (<i>Per Texas State Law ALL immunizations must be current before a student can enroll</i>)	
	√ \$100.00 Application Fee (one per family)	
	√ This Application Checklist (Signed)	

I have enclosed all application documents needed above, as well as the \$100 application fee.

Signature of Parent or Guardian

Date