

PLEASE  
ATTACH  
RECENT  
PHOTO



Date of Application \_\_\_\_\_  
Application Fee \_\_\_\_\_  
Interview \_\_\_\_\_  
\_\_\_\_\_

**MIDDLE / HIGH SCHOOL  
APPLICATION FOR ENROLLMENT SCHOOL Year 2010 - 2011**

**Applying for Grade \_\_\_\_\_**

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

Student's Legal Name \_\_\_\_\_  
first middle last (name student uses) student email

Physical Address \_\_\_\_\_  
street city state zip code

Phone (\_\_\_\_) \_\_\_\_\_ Sex \_\_\_\_ Date of Birth \_\_\_\_\_ Social Security \_\_\_\_\_

Current School \_\_\_\_\_ (phone #) \_\_\_\_\_ (fax #) \_\_\_\_\_

Address \_\_\_\_\_  
street city state zip code

Previous School: \_\_\_\_\_  
name street city state zip code

Previous School: \_\_\_\_\_  
name street city state zip code

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

Did a family from this school refer you to us? Yes \_\_\_ No \_\_\_ If so, who? \_\_\_\_\_

**FATHER / STEP-FATHER / GUARDIAN (please circle)**

Name \_\_\_\_\_ Living with student? \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**MOTHER / STEP-MOTHER / GUARDIAN (please circle)**

Name \_\_\_\_\_ Living with student? \_\_\_\_\_

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?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please make a full statement as to why you want to enroll this student at Bracken Christian School. \_\_\_\_\_

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**SCHOOL**

Why is student withdrawing from current school? \_\_\_\_\_

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Why and how would the student be an asset to Bracken Christian School and its student body? \_\_\_\_\_

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Has the student ever had any diagnosed/documentated learning difficulties?  Yes  No  
If yes, please comment on the diagnosis, date of documentation, treatment and current status. \_\_\_\_\_

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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.

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Does the student take any medications for:  
Attention Deficit Disorder  Yes  No Emotional/ Psychological Condition  Yes  No  
Medical/Physical Condition  Yes  No and/or attend counseling for any of these conditions  Yes  No  
If yes, please comment. \_\_\_\_\_

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Are any financial or other obligations still owed to the current or previous school(s)?  Yes  No  
If yes, please comment. \_\_\_\_\_

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Does the student need any special consideration for a physical disability?  Yes  No  
If yes, please comment. \_\_\_\_\_

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Has the student ever been retained a grade level? If yes, state grade, year, and circumstances: \_\_\_\_\_

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Has the student attended summer school or a long-term tutoring program?  Yes  No  
If yes, please comment. \_\_\_\_\_

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Has the student ever had In-School or Off-Campus suspension? \_\_\_ Yes \_\_\_ No If yes, please comment:

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Has the student ever been refused admittance, asked to withdraw, or expelled from a school? \_\_\_ Yes \_\_\_ No  
If yes, please comment: \_\_\_\_\_

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Is the student presently in good standing (eligible for re-admission) with the school he/she last attended?  
\_\_\_ Yes \_\_\_ No If no, please comment. \_\_\_\_\_

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Do you agree as parent(s) to support all of the policies and standards of Bracken Christian School as long as your student is enrolled here? \_\_\_ Yes \_\_\_ No

### **CHRISTIAN BACKGROUND**

#### **Personal Testimony**

**Father:** On the form provided please give your personal Christian testimony and salvation experience.  
**Mother:** On the form provided please give your personal Christian testimony and salvation experience.  
**Student:** On the form provided ***in your own handwriting*** please give your personal Christian testimony and 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 (online) 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 local church affiliation \_\_\_\_\_

Address \_\_\_\_\_

Name of Pastor \_\_\_\_\_ Church Phone (\_\_\_\_) \_\_\_\_\_

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

Father: \_\_\_\_\_ Yes, for \_\_\_\_\_ years \_\_\_\_\_ No

Mother: \_\_\_\_\_ Yes, for \_\_\_\_\_ years \_\_\_\_\_ No

Student: \_\_\_\_\_ Yes, for \_\_\_\_\_ years \_\_\_\_\_ No

In what church activities is your **family and student** involved and with what degree of regularity? Please be specific: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Devotional Life:** Please describe your family's Bible study and prayer life: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FAMILY**

Are you presently experiencing 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, video games, computer, internet (including Facebook, MySpace, cell phones, texting, 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? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is it your intention to have the student graduate from Bracken Christian School? \_\_\_\_ Yes \_\_\_\_ No  
Please explain your answer: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**QUESTIONNAIRE FOR THE STUDENT:** *(Must be filled out truthfully by student, in own handwriting.)*

Do you want to come to this school?  Yes  No Please explain why you do or do not want to attend Bracken Christian School. \_\_\_\_\_

\_\_\_\_\_

Do you feel you would be an asset to this school?  Yes  No If yes, please explain why: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How do you feel about wearing a uniform? \_\_\_\_\_

\_\_\_\_\_

What grades do you expect to make at BCS? Math  Science  Literature  Bible  English

Are you willing to abide by the Student Code of Conduct and policies of this school?  Yes  No

Are you willing to uphold the moral standards of this school?  Yes  No

Will you speak well of this school as long as you attend?  Yes  No

Do you understand that failure to abide by Bracken Christian School policies and procedures and/or failure to maintain satisfactory academic progress may result in your dismissal from the school?  Yes  No

How many hours per day do you spend on homework? \_\_\_\_\_

Have you ever attended summer school?  Yes  No If yes, list the school name, your reasons for attending and subjects you took. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you had in your possession or used any of the following:  Yes  No

Alcohol  Illegal drugs  Cigarettes  Tobacco  Pornography (print, movie, internet, video games)

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever tested positive for any of the following:  Yes  No

Tuberculosis  Illegal Drugs  Aids/HIV  Sexually Transmitted Disease

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have any of the following applied to you?  Yes  No  Truancy  Runaway  Been Arrested

Charged with a crime  Tried in a juvenile court  Placed in Juvenile Detention  Been Sued

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever been in any type of trouble with legal authorities? \_\_\_Yes \_\_\_ No If yes, please explain:

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How would you describe your character? \_\_\_\_\_

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Do you consider yourself to be a Christian? \_\_\_Yes \_\_\_ No Please explain your answer: \_\_\_\_\_

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Are you an active member in a church? \_\_\_Yes \_\_\_ No Name of Church: \_\_\_\_\_

How often do you attend church? \_\_\_\_\_ Do your parents attend church with you? \_\_\_\_\_

Describe your areas of interest and/or involvement in church. \_\_\_\_\_

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How do you live out your faith on a daily basis? \_\_\_\_\_

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Describe your devotional, prayer /Bible study time: \_\_\_\_\_

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Are most of your friends Christian or Non-Christian? \_\_\_\_\_

Describe your creative activities/hobbies (musical, artistic, literary, dramatic). \_\_\_\_\_

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Describe your athletic interests and activities. \_\_\_\_\_

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Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\*I have read student questionnaire and agree with my student's answers:**

Father's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mother's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## BRACKEN CHRISTIAN SCHOOL PASTORAL REFERENCE FORM

(\*\*Required for All Applicants\*\*)

Name of Church: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Pastor's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Pastor/Church Leader Giving Reference: \_\_\_\_\_

Individual's Position: \_\_\_\_\_ Email: \_\_\_\_\_

Your insight and knowledge of this student 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)

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**

<i>Please check the box that most applies</i>	<i>Always</i>	<i>Usually</i>	<i>Sometimes</i>	<i>Never</i>	<i>Unknown</i>
Student regularly attends worship services, Sunday School, youth programs, etc.					
Student demonstrates a Biblical Worldview, spiritual awareness, etc.					
Is there an apparent worldly influence in student's life?					
Does student exhibit rebellious or unruly behavior?					
Would you recommend the student to other Christian schools?					

<i>Please check the box that most applies</i>	<i>Always</i>	<i>Usually</i>	<i>Sometimes</i>	<i>Never</i>	<i>Unknown</i>
Family regularly attends worship services, Sunday School, other church programs, etc.					
Parents actively support the church and its ministries.					
Parents demonstrate a Biblical Worldview in the decision making process.					
Is there an apparent worldly influence in the life of the parents/family?					
Would you recommend this family to any other churches?					

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.

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

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

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

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

# Bracken Christian School

## Math Teacher Recommendation Form

### Middle / High School

School: \_\_\_\_\_ Math Teacher: \_\_\_\_\_ Email: \_\_\_\_\_

Student's full name: \_\_\_\_\_ is applying for admission to **Bracken Christian School**. Your knowledge of this child will assist us in determining his/her potential for success in our school. Please evaluate each of the following student characteristics by circling the word in the box which most accurately describes the applicant.

All information will be kept in strict confidence. Please fax or mail to the address below. Thank you.

<b>Willingness to work &amp; motivation</b>	Self Starter	Prepares assigned work	Needs some prodding	Needs constant pressure	Seldom works, even under pressure
<b>Relationship with teachers</b>	Encourages	Appreciative	Acknowledges	Ignores	Disrespectful
<b>Response to correction</b>	Admits error	Accepts	Listens	Resentful	Argues
<b>Obedience</b>	Endeavors to please	Generally obeys	Varies	Slow to obey	Usually fails to obey
<b>Attitude / Courtesy</b>	Always courteous / pleasant	Generally courteous	Indifferent/Sullen	Boisterous	Rude or hostile
<b>Responsibility</b>	Assumes much responsibility	Conscientious	Usually dependable	Somewhat dependable	Unreliable
<b>Speech / Conversation</b>	Encouraging	Positive/Uplifting	Wholesome	Negative/Derogatory	Vulgar
<b>Honesty</b>	Completely trustworthy	Usually reliable	Questionable	Occasionally unreliable	Completely unreliable
<b>Emotional stability</b>	Well balanced	Balanced	Excitable	Apathetic	Highly unstable
<b>Orderliness</b>	Fastidious	Generally orderly	Variable	Untidy	Extremely unorganized
<b>Influence</b>	Very good	Good	Neutral	Poor	Very poor
<b>Relationships with female peers</b>	Very Sociable	Many friends	Average	Has few friends	Very hard to make friends
<b>Relationships with male peers</b>	Very Sociable	Many friends	Average	Has few friends	Very hard to make friends

How long have you known this student? \_\_\_\_\_

Please circle one: I **Would** / **Would Not** recommend this student for enrollment to Bracken Christian School.

COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Please return this form directly to Bracken Christian School by fax (do not give to parent or student) or mail to:**

**Bracken Christian School  
 670 Old Boerne Rd.  
 Bulverde, Texas, 78163**

**FAX: 830-980-2327 Attn: Registrar**

# Bracken Christian School

## English Teacher Recommendation Form

### Middle / High School

School: \_\_\_\_\_ English Teacher: \_\_\_\_\_ Email: \_\_\_\_\_

Student's full name: \_\_\_\_\_ is applying for admission to **Bracken Christian School**. Your knowledge of this child will assist us in determining his/her potential for success in our school. Please evaluate each of the following student characteristics by circling the word in the box which most accurately describes the applicant.

All information will be kept in strict confidence. Please fax or mail to the address below. Thank you.

<b>Willingness to work &amp; motivation</b>	Self Starter	Prepares assigned work	Needs some prodding	Needs constant pressure	Seldom works, even under pressure
<b>Relationship with teachers</b>	Encourages	Appreciative	Acknowledges	Ignores	Disrespectful
<b>Response to correction</b>	Admits error	Accepts	Listens	Resentful	Argues
<b>Obedience</b>	Endeavors to please	Generally obeys	Varies	Slow to obey	Usually fails to obey
<b>Attitude / Courtesy</b>	Always courteous / pleasant	Generally courteous	Indifferent/Sullen	Boisterous	Rude or hostile
<b>Responsibility</b>	Assumes much responsibility	Conscientious	Usually dependable	Somewhat dependable	Unreliable
<b>Speech / Conversation</b>	Encouraging	Positive/Uplifting	Wholesome	Negative/Derogatory	Vulgar
<b>Honesty</b>	Completely trustworthy	Usually reliable	Questionable	Occasionally unreliable	Completely unreliable
<b>Emotional stability</b>	Well balanced	Balanced	Excitable	Apathetic	Highly unstable
<b>Orderliness</b>	Fastidious	Generally orderly	Variable	Untidy	Extremely unorganized
<b>Influence</b>	Very good	Good	Neutral	Poor	Very poor
<b>Relationships with female peers</b>	Very Sociable	Many friends	Average	Has few friends	Very hard to make friends
<b>Relationships with male peers</b>	Very Sociable	Many friends	Average	Has few friends	Very hard to make friends

How long have you known this student? \_\_\_\_\_

Please circle one: I **Would** / **Would Not** recommend this student for enrollment to Bracken Christian School.

COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please return this form directly to Bracken Christian School by fax (do not give to parent or student) or mail to:

**Bracken Christian School**  
**670 Old Boerne Rd.**  
**Bulverde, Texas, 78163**

**FAX: 830-980-2327 Attn: Registrar**

# Bracken Christian School

## Teacher / Counselor Recommendation Form

### Middle / High School

School: \_\_\_\_\_ Teacher/Counselor: \_\_\_\_\_ Email: \_\_\_\_\_

Student's full name: \_\_\_\_\_ is applying for admission to **Bracken Christian School**. Your knowledge of this child will assist us in determining his/her potential for success in our school. Please evaluate each of the following student characteristics by circling the word in the box which most accurately describes the applicant.

All information will be kept in strict confidence. Please fax or mail to the address below. Thank you.

<b>Willingness to work &amp; motivation</b>	Self Starter	Prepares assigned work	Needs some prodding	Needs constant pressure	Seldom works, even under pressure
<b>Relationship with teachers</b>	Encourages	Appreciative	Acknowledges	Ignores	Disrespectful
<b>Response to correction</b>	Admits error	Accepts	Listens	Resentful	Argues
<b>Obedience</b>	Endeavors to please	Generally obeys	Varies	Slow to obey	Usually fails to obey
<b>Attitude / Courtesy</b>	Always courteous / pleasant	Generally courteous	Indifferent/Sullen	Boisterous	Rude or hostile
<b>Responsibility</b>	Assumes much responsibility	Conscientious	Usually dependable	Somewhat dependable	Unreliable
<b>Speech / Conversation</b>	Encouraging	Positive/Uplifting	Wholesome	Negative/Derogatory	Vulgar
<b>Honesty</b>	Completely trustworthy	Usually reliable	Questionable	Occasionally unreliable	Completely unreliable
<b>Emotional stability</b>	Well balanced	Balanced	Excitable	Apathetic	Highly unstable
<b>Orderliness</b>	Fastidious	Generally orderly	Variable	Untidy	Extremely unorganized
<b>Influence</b>	Very good	Good	Neutral	Poor	Very poor
<b>Relationships with female peers</b>	Very Sociable	Many friends	Average	Has few friends	Very hard to make friends
<b>Relationships with male peers</b>	Very Sociable	Many friends	Average	Has few friends	Very hard to make friends

How long have you known this student? \_\_\_\_\_

Please circle one: I **Would** / **Would Not** recommend this student for enrollment to Bracken Christian School.

COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Please return this form directly to Bracken Christian School by fax (do not give to parent or student) or mail to:**

**Bracken Christian School  
 670 Old Boerne Rd.  
 Bulverde, Texas, 78163**

**FAX: 830-980-2327 Attn: Registrar**









# Authorization For Release Of Records

School Name: \_\_\_\_\_

School Address: \_\_\_\_\_

School Telephone # ( ) \_\_\_\_\_ Street City State Zip  
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:**

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:**

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: \_\_\_\_\_

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**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 - Secondary School**

**Student Name:** \_\_\_\_\_

√ Items Included	Items Needed to Complete Registration: √ <b>ALL</b> items required to be returned to BCS in order to proceed with application process (Incomplete Packets Will Not Be Accepted)	Office Use Only
	<b>Read These Documents:</b>	
	Admission Policy and Procedures	
	Mission Statement	
	Tuition and Fee Schedule	
	College Focus/Academic Review	
	<b>Complete These Documents:</b>	
	√ Middle/High School Application <u>with</u> Student Photograph attached	
	√ Parents' Personal Testimony	
	√ Student's' Personal Testimony	
	√ Bracken Christian School Medical & Health Form	
	√ Student Medical Form	
	√ Tuberculosis Screening Form	
	<b>Mail These Documents To References:</b>	
	√ <b>Pastoral</b> Reference Form (Mailed or faxed directly to BCS by Pastor) <b>***REQUIRED</b>	
	Sent To: _____ Date Sent: _____	
	√ <b>Math</b> Teacher Recommendation Form: (Mailed directly to BCS or faxed by Teacher)	
	Sent To: _____ Date Sent: _____	
	√ <b>English</b> Teacher Recommendation Form: (Mailed directly to BCS or faxed by Teacher)	
	Sent To: _____ Date Sent: _____	
	√ <b>Teacher/Counselor</b> Recommendation Form: (Mailed directly to BCS or faxed by Teacher/Counselor)	
	Sent To: _____ Date Sent: _____	
	<b>Read and Sign These Documents:</b>	
	√ Grievance Covenant	
	√ Authorization for Release of Records	
	√ Doctrinal Statement of Faith	
	<b>Secure And Enclose These Documents:</b>	
	√ Certified Copy of Birth Certificate (Not the hospital memento)	
	√ Copy of Social Security Card	
	√ Achievement Test Scores	
	√ Report Cards or Transcripts (last Include copies – 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 ( <b>All immunizations must be current before a student can enroll</b> )	
	√ <b>\$100.00 Application Fee</b> (one per family)	
	√ <b>This Application Checklist</b> (Signed)	

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

**Signature of Parent or Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_