



BETHANY SCHOOL

2244 Clark Avenue
Long Beach, CA 90815

FOR OFFICE USE ONLY
AMOUNT: _____
PAYMENT TYPE: _____
CLASS: _____
QBO SET UP: _____

K-8 ENROLLMENT AGREEMENT 2021-2022

NEW ENROLLMENT RE -ENROLLMENT | PREVIOUS TEACHER: _____

STUDENT NAME: _____

GENDER: BOY GIRL BIRTHDATE: _____ GRADE: _____

HOME ADDRESS: _____

CITY: _____ ZIP: _____ PHONE: _____

FATHER'S/ LEGAL GUARDIAN'S NAME: _____

CELL PHONE: _____ WORK PHONE: _____

EMAIL: _____

MOTHER'S/ LEGAL GUARDIAN'S NAME: _____

CELL PHONE: _____ WORK PHONE: _____

EMAIL: _____

TERMS OF AGREEMENT

TUITION & PAYMENTS

The first invoice is sent on August 1. Tuition is billed a month in ADVANCE from August-May. Accounts not paid within 7 days will be given a late fee of \$45. Late fees accrue each month if the invoice has not been fully paid. No student will be permitted to attend class if their account is not paid in full. Delinquent accounts will be reviewed each month.

ENROLLMENT FEES

The Registration Fee of \$400, Activity Fee of \$90 and Technology of \$100 is due upon enrollment. Registration fee is non refundable.

I ALSO UNDERSTAND THAT:

- The Administration of Bethany School has full authority for class placement.
- I will need to update my information on My School Worx, fill out the appropriate forms and turn them in no later than August 1 for the school year.
- **According to law, all students must provide a record of up to date immunizations.**
- I authorize Bethany School to give consent to any necessary medical treatment for my child, in case of an emergency when I cannot be reached.
- I am signing this enrollment form, with the knowledge that any photos/images/videos posted on the school website and social media platforms may be downloaded and reprinted by various news organizations, including print, electronic and broadcast media, and I, therefore, release Bethany School from liability arising from use of my child's photos/images/videos in school website and social media postings as well as printed materials. To opt out of having your child in any photos, please see the front office.

Bethany School reserves the right to refuse any application or to dismiss any student/family at any time for any reason it deems necessary. Neither this application nor payment of fees is considered binding upon Bethany School. By signing this document, I agree to be responsible for the above financial obligations and school policies.

PARENT SIGNATURE: _____ DATE: _____

NEW STUDENT INFORMATION

STUDENT NAME: _____

ALLERGIES: _____

MEDICATIONS: _____

PURPOSE OF MEDICATION AND DOES IT NEED TO BE TAKEN DURING SCHOOL HOURS?

FAMILY INFORMATION

FATHER'S/ LEGAL GUARDIAN'S NAME: _____ CELL PHONE: _____

WORK PHONE: _____ EMAIL: _____

OCCUPATION/PLACE OF EMPLOYMENT: _____

MOTHER'S/ LEGAL GUARDIAN'S NAME: _____ CELL PHONE: _____

WORK PHONE: _____ EMAIL: _____

OCCUPATION/PLACE OF EMPLOYMENT: _____

NAME AND AGE OF SIBLINGS:

1. _____ 2. _____

3. _____ 4. _____

STUDENT RESIDES WITH: BOTH PARENTS MOTHER FATHER GRANDPARENTS

MOTHER/STEPFATHER FATHER/STEPMOTHER OTHER: _____

IF LIVING IN SEPARATE HOUSEHOLDS, HOW MUCH TIME IS SPENT WITH:

MOTHER: _____ LEGAL CUSTODY? YES, HOW MUCH? _____ NO

FATHER: _____ LEGAL CUSTODY? YES, HOW MUCH? _____ NO

IF THERE IS LEGAL CUSTODY INVOLVED, WE NEED A COPY OF COURT PAPERS, AS WE ONLY HONOR COURT DOCUMENTATION.

IF CHILD HAS TWO HOUSEHOLDS, WE NEED THE COMPLETE ADDRESSES FOR EACH HOUSEHOLD

MOTHER: _____ FATHER: _____

OTHER FAMILY MEMBERS LIVING IN HOUSEHOLD? _____

ARE THERE ANY UNUSUAL FACTORS IN THIS CHILD'S LIFE? (EX DEATH IN THE FAMILY, MULTIPLE RESIDENCES, ETC.)

NEW STUDENT INFORMATION CONTINUED

BACKGROUND INFORMATION

LAST SCHOOL ATTENDED: _____

ADDRESS: _____

GRADE LEVEL: _____ PASSED RETAINED LAST TEACHER: _____

HAS YOUR CHILD ATTENDED ANOTHER SCHOOL BEFORE THE PREVIOUS ONE LISTED ABOVE?

SCHOOL ATTENDED: _____

ADDRESS: _____

GRADE LEVEL: _____ PASSED RETAINED YEARS/DATES: _____

HAVE THEY EVER REPEATED A GRADE? YES NO IF YES, PLEASE EXPLAIN:

HAVE THEY EVER BEEN DISMISSED, SUSPENDED OR EXPELLED? YES NO

IF YES, PLEASE EXPLAIN: _____

HAVE THEY HAD A HISTORY WITH BEHAVIOR OR ACADEMIC CHALLENGES? YES NO

IF YES, DO THEY HAVE AN IEP OR 504 PLAN? YES NO

WITH WHICH DISTRICT?: _____

PLEASE EXPLAIN: _____

PLEASE PROVIDE COPIES OF PAPERWORK TO MRS. HUFF BEFORE YOUR APPT DATE.

DO THEY HAVE ANY OTHER LIMITATIONS OR HANDICAPS?: YES NO

IF YES, PLEASE EXPLAIN: _____

SHARE WITH US YOUR CHILD'S STRENGTHS & CHALLENGES. WHAT MAKES YOUR CHILD UNIQUE?

NEW STUDENT INFORMATION CONTINUED

CHURCH INFORMATION

DOES YOUR FAMILY ATTEND CHURCH TOGETHER?

YES NO

IF YES, WHICH CHURCH: _____

HOW OFTEN?: REGULARLY OCCASIONALLY SELDOM

WHO ATTENDS?: _____

ARE YOU A MEMBER OF YOUR CHURCH?:

YES NO

.....

OTHER INFORMATION

HOW DID YOU HEAR ABOUT BETHANY?

BETHANY CHURCH WEBSITE ADVERTISEMENT LIVE IN THE AREA

FAMILY OR FRIEND: _____

OTHER: _____

PLEASE GIVE A STATEMENT ABOUT WHY YOU WISH TO SEND YOUR CHILD TO BETHANY SCHOOL:

In signing this application, you are agreeing to the terms of agreement listed on the enrollment form and those listed below:

I ALSO UNDERSTAND THAT:

- Registration will be based upon prior school conduct, academic record, attendance record, and other pertinent factors.
- The administration has full discretion in the discipline of my child in accordance to the school policy.
- **Students entering Kindergarten must be 5 years old by September 1st.**
- All paperwork from previous schools and up to date information about IEP/504 plans must be submitted before admission.

I AGREE TO BE RESPONSIBLE FOR THE ABOVE FINANCIAL OBLIGATIONS AND SCHOOL POLICIES

MOTHER'S/LEGAL GUARDIAN'S SIGNATURE: _____ DATE: _____

FATHER'S/LEGAL GUARDIAN'S SIGNATURE: _____ DATE: _____

MIDDLE SCHOOL ONLY

FORMER SCHOOL REFERENCE FORM

TO BE COMPLETED BY PARENT/GUARDIAN:

STUDENT NAME: _____ BIRTHDATE: _____

IS APPLYING FOR GRADE _____ AT BETHANY SCHOOL, LONG BEACH.

I HEARBY AUTHORIZE THE RELEASE OF MY CHILD'S SCHOOL RECORDS TO BETHANY SCHOOL.

PARENT SIGNATURE: _____ DATE: _____

TO BE COMPLETED BY CHILD'S FORMER SCHOOL:

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS REFERRAL AND FOR SENDING COPIES OF THIS STUDENT'S TRANSCRIPTS.

SCHOOL NAME: _____ PHONE: _____

ADDRESS: _____

HOW LONG HAS THIS STUDENT BEEN ENROLLED AT YOUR SCHOOL? _____

PRINCIPAL'S NAME: _____

PLEASE RATE THIS PARENT/GUARDIAN'S:

	EXCELLENT	GOOD	POOR	COMMENT:
SUPPORT OF SCHOOL				
FINANCIAL STANDING				

MOST RECENT TEACHER'S NAME: _____ GRADE: _____

	EXCELLENT	GOOD	AVERAGE	FAIR	POOR
ACADEMIC PERFORMANCE					
ATTENDANCE					
ATTITUDE					
EFFORT					
WORK HABITS					
SOCIAL SKILLS					
RESPECT TOWARD OTHERS					
BEHAVIOR					

SCHOOL OFFICIAL SIGNATURE SIGNATURE: _____ DATE: _____