

III. Family Information:

Brothers/Sisters	Birth Date	Lives with child?	Current Grade
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Others Living in the Home	Age	Relationship	Grade Completed
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

IV. Student History:

- Does your student receive continuing medical care for a special condition? YES NO
Explain: _____
- Does your student see a doctor regularly for this condition? YES NO
Doctor's Name: _____
- Does your student use any medical device (i.e. wheelchair, hearing aid): YES NO
If yes, please list: _____
- Does your student take medication regularly? YES NO
Please list medications: _____
- Has your student ever been hospitalized? YES NO
If yes, for what & when: _____
- Have you been told by a teacher, doctor, or nurse that your student has any problems listed below:

Hearing	YES	NO	Physical Handicap	YES	NO
Vision	YES	NO	Behavior Problems	YES	NO
Speech	YES	NO	Nutrition/Eating	YES	NO
Dental	YES	NO	Developmental	YES	NO
Emotional	YES	NO	Other:	YES	NO

- Does your student have temper tantrums or otherwise lose control? YES NO
If yes, explain when this happens: _____
- List any concerns you have about your student's behavior: _____

VI. Family History (Please circle the correct answer):

1. Is there anyone in your household with a physical condition that requires medical treatment or medication? YES NO
2. Is there anyone in your household who has participated in counseling or mental health services? YES NO
3. Have you or a family member been a victim of violence? YES NO
4. Have you or a family member ever received treatment for substance abuse? YES NO
5. Is there anyone in the family in jail or on probation (current or past)? YES NO
6. Are there any other programs or community providers that you or your family are involved with? YES NO If yes, please list: _____
7. Does either parent (or guardian) have difficulty reading or did either have learning problems in school? YES NO
8. What is the language usually spoken at home by parents: _____ By child: _____
9. Please list any other family concerns that you think we should know about:

Additional Comments:

Please sign below to agree that you understand that the information on this application will only be used to help determine your student's eligibility for Bethel Christian Academy and will not be released to anyone other than necessary personnel.

Date: _____

Print Name: _____

Parent/Guardian Signature: _____