



5515 Johnsontown Road-Louisville, KY 40272
(502) 937-3516 Phone (502)937-3364
www.BethHaven.com

2017-2018 School Application Form
Please complete the entire application

Student Information

Student's Legal Name _____
Last First Middle

Student's Preferred Name: _____

Student's Birth Date: _____ Race: _____ Sex: _____ Grade applying for: _____

The student must be 5 years of age by October 1 of the year he/she starts school

Home Address: _____

City: _____ State: _____ Zip Code: _____

Student lives with: _____

Student's Home Phone# _____ Student Cell Phone# _____

Student E-Mail Address: _____

Student's Social Security Number: _____

Most recent school attended: _____

Has the student ever been suspended/expelled from another school? _____

If so, please explain on back or attach a letter.

Has student been retained at any grade level? _____ What grade: _____

Church student attends: _____

Student' Religious Affiliation: _____

Siblings **attending** Beth Haven Christian School:

_____	_____
Name	Grade
_____	_____
Name	Grade
_____	_____
Name	Grade

Parent/Guardian Information

Father _____ Occupation _____

Father's Employer: _____ Father's Work#: _____

Father's Cell#: _____ Father's Home#: _____

Father's
Address: _____

Father's E-Mail Address: _____

Marital Status (circle one): Married to student's mother Widowed Divorced Remarried Single

Father's Religious Affiliation: _____

Mother _____ Occupation _____

Mother's Employer: _____ Mother's Work#: _____

Mother's Cell#: _____ Mother's Home#: _____

Mother's
Address: _____

Mother's E-Mail Address: _____

Marital Status (circle one): Married to student's father Widowed Divorced Remarried Single

Mother's Religious Affiliation: _____

**Other Parent/Guardian /Custody information (including step-parents) school needs to be aware of --
please provide court documentation if applicable:**

Medical Information

Allergies School needs to be aware of: _____

Other medical needs (please explain):

Emergency Contacts (other than parent)

Name _____ Relationship to student _____

Address _____

Phone Number(s) _____

Name _____ Relationship to student _____

Address _____

Phone Number(s) _____

Person's authorized to pick up students (in addition to parents/guardians & emergency contacts):

Name _____ Relationship to student _____

Address _____

Phone Number(s) _____

Name _____ Relationship to student _____

Address _____

Phone Number(s) _____

Name _____ Relationship to student _____

Address _____

Phone Number(s) _____

Name _____ Relationship to student _____

Address _____

Phone Number(s) _____

By signing below I agree that all information provided on the preceding pages is correct and agree to notify the school office in writing with any updates/changes to the information provided immediately.

Signature

Date

Student Information (to be completed by students in grades 6-12-not parent)

Name _____ Grade entering next year _____

Why do you want to attend Beth Haven Christian School?

What church do you attend? _____

Church Attendance	Regularly(3-4 per month)	Occasionally(1-2 per month)	Rarely(5-6 per year)
Weekend Worship			
Bible Study Group/Sunday School			

Please describe your relationship with Jesus Christ and what you believe about Him.

Please describe what you believe about the Bible. _____

What are your goals for the next 3 years? _____

What are your plans for your future career? _____

Are you planning to go to college? _____ Explain: _____

Parent/Guardian Commitment

All information must be provided by at least one parent or guardian.

Beth Haven Christian School is in partnership with parents to support and nurture the spiritual growth and maturity of each student. Therefore, regular church attendance and support of both parents are **preferred**, but at a minimum is **required** of at least one parent (with custodial status) to meet Admissions criteria.

Father's Attendance	Regularly(3-4 per month)	Occasionally(1-2 per month)	Rarely(5-6 per year)
Weekend Worship			
Bible Study Group/Sunday School			

What church do you attend? _____ Are you a member? _____

In addition to attendance, in what activities or responsibilities are you involved in at church?

Please give a brief statement summarizing your salvation experience and your personal relationship with Jesus Christ. _____

Please give a brief statement summarizing your belief as it relates to the Bible. _____

Mother's Attendance	Regularly(3-4 per month)	Occasionally(1-2 per month)	Rarely(5-6 per year)
Weekend Worship			
Bible Study Group/Sunday School			

What church do you attend? _____ Are you a member? _____

In addition to attendance, in what activities or responsibilities are you involved in at church?

Please give a brief statement summarizing your salvation experience and your personal relationship with Jesus Christ. _____

Please give a brief statement summarizing your belief as it relates to the Bible. _____

Mission Statement

Beth Haven Christian School, in partnership with families, exists to graduate Christian leaders who seek to impact their world for the Lord Jesus Christ through academic excellence and spiritual development.

Statement of Faith

1. We believe in the verbal inspiration and authority of the Scriptures. We believe that the Bible reveals God, the fall of man, the way of salvation, and God's plan and purpose for the ages.
2. We believe that there is one God, eternally existent in three persons: the Father, the Son, and the Holy Spirit.
3. We believe in the deity and virgin birth of our Lord Jesus Christ, in His sinless life, in His miracles, in His vicarious and atoning death through His shed blood, in His bodily resurrection, and in His ascension to the right hand of the Father.
4. We believe in the visible, personal, and pre-millennial return of Jesus Christ.
5. We believe that salvation is "by grace," plus or minus nothing. The conditions to salvation are repentance and faith in Jesus Christ.
6. We believe that man is sinful and is thereby separated from God. He is justified by faith alone and accounted righteous before God only through the merit of our Lord and Savior, Jesus Christ.
7. We believe God created the sacrament of marriage to be the union of one man and one woman and is a reflection of Christ's relationship to His church. (Eph.5:25-27, Matt. 19:4-6, Lev. 18:22)
8. We believe in the resurrection of both the saved and the lost; the saved unto the resurrection of life, and the lost unto the resurrection of damnation.
9. We believe in the eternal security of the believer in Christ.
10. We believe in the local church with the ordinances of baptism by immersion and the Lord's Supper.

I/we have read and do support Beth Haven Christian School's Statement of Faith and Mission Statement and commit to all the information in this document.

Father's Signature_____

Mother's Signature_____

Other Parent/Guardian Signature_____

Beth Haven Christian School admits students of any race, color, and national or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, or national or ethnic origin in the administration of its educational policies, admissions policies, scholarship programs, and athletic or other school-administered programs.

Beth Haven Christian School 2017/2018 – 2nd Semester PROMISSORY NOTE

On or before Maturity Date, the value received, the sum of \$ _____, for tuition/book fees and other valuable considerations receipt of which are hereby acknowledged, without interest. It is understood and agreed that the Student’s continued enrollment at BHCS is conditioned upon the faithful performance of the terms and conditions of this note. It is further understood and agreed that this note is subject to the following terms and conditions:

1. Monthly payments will be due on the 5th or 20th of each month. If a payment is late, it will be subject to a 33% late charge.
2. Should a payment become **31 days past due**, the Student will be prohibited from attending school until satisfactory payment arrangements have been made. If the file is sent to our Attorney for collection, it is understood and agreed that the Student and/or the Student’s Parents will be responsible for the full amount of the tuition due as well as the full amount of the Attorney Fees, all Court costs, etc.
3. Any past due account will be reported to the appropriate Consumer Reporting Agencies, Credit Bureaus, etc.
4. A registration/book fee of \$300.00 will be required at the time of application. Tuition will be charged at the rate of \$300.00 per month for the month of enrollment and each subsequent month through and including June 2018. Monthly tuition payments are to be made through FACTS. Monthly tuition will not be prorated. Registration/book fee is non-refundable.

Parent initial _____

5. If there are extenuating circumstances (loss of job, sickness/health crisis, etc) that prevent paying the payments due and/or on time, the responsible party must contact the Business Office to explain the situation and to make mutually satisfactory arrangement. All requested payment abatement arrangements are subject to the approval and at the sole discretion of the School Board.
6. Student records will not be released and no credit for a student’s work can be earned unless all financial obligations are met.

I/We have read and fully understand the payment responsibilities agreed to by signing this Note and that I/We are fully responsible for payment of all tuition, fees, books, Attorney and Collection fees, etc. that may be connected to the same.

Responsible Party Signature Date

BHCS Signature Date

Print Name Date

Print Name Date

***Failure by the Note Holder to exercise any option hereunder shall not constitute a waiver of the right to exercise such options for any subsequent violations of this agreement.**

For Office Use Only:

Testing Fee _____

Pre-Admission Testing Scheduled _____

Pre-Admission Test Results _____

Registration Fee _____

Annual Fund Fee _____

Promissory Note _____

Recent Report Card/Transcript: _____

Birth Certificate _____

Immunization Certificate _____

Eye Examination (K) _____ Dental Screening (K) _____

Physical (K/6th Grade/Other) _____

Parent/Student Handbook Signature Page _____

Recommendation Form-Teacher _____

Recommendation Form-Minister _____

INOW Setup _____

Interview Scheduled _____

Interview Complete _____

Letter sent _____