



# Enrollment Form 2010-2011

Name of Student: \_\_\_\_\_ Nick Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone 1: (\_\_\_\_) \_\_\_\_\_ Cell Phone 2: (\_\_\_\_) \_\_\_\_\_

Student's Birth Date: \_\_\_\_\_ Anticipated grade placement for next school year: \_\_\_\_\_

Citizen Yes  or No  Resident Yes  or No

*Student must be 4-years old by Sept. 1<sup>st</sup> to enter K4, Student must be 5- years old by Sept. 1<sup>st</sup> to enter K,  
Student must be 6-years old by Sept. 1<sup>st</sup> to enter 1<sup>st</sup> grade.*

Name of school last attended (if any): \_\_\_\_\_  Yes  No

Have you applied or will you be applying at any other school this year, if so, which one? \_\_\_\_\_

Has this student every repeated a grade?  Yes  No

Has your child participated in standardized testing?  Yes  No

Has this student had any scholastic difficulty, indication of specific learning disabilities, behavior disorders, or psychiatric issues?  
 Yes  No

Please explain any answers to which you answered "yes."

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

Does your child have any history of behavior problems that have resulted in suspension, expulsion or other forms of administrative intervention or placement in special programs?

Yes  No

Please explain any answers to which you answered "yes."

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

Does your child need special accommodations of any kind in the classroom?

Yes  No

Please explain any "yes" answers.

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

Please summarize your child's present spiritual condition.

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

*\* Current BCCS Families - submit a student application with a registration fee for each child.*

*\* New BCCS Families - submit the Student Application with a Family Application, New Family Application Fee, recent standardized testing scores, and a recent report card, if applicable, to BCCS, P.O. Box 1607, Seffner, FL 33583. Contact Number: 813.685.BCCS (2227)*