



Brandon Christian Community School Family Application

Parents' Names: _____ Date: _____

Mailing Address: _____

City: _____ Zip Code: _____

Home Phone: _____ E-mail: _____

Mother's Occupation: _____ Work / Cell Phone: _____ / _____

Father's Occupation: _____ Work / Cell Phone: _____ / _____

Children: *List all children - not limited to children applying for acceptance at BCCS*

Names Ages/Grade

Names	Ages	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name of Church Your Family Attends: _____

Members Attend regularly Occasionally

Name of Pastor (or someone in your church leadership who knows your family):

_____ Title: _____

Please summarize how you came to know Jesus Christ as your Savior, and describe what He means to you now.

Father: _____

Mother: _____

Please list the Church or Christian service activities in which your family is currently involved:

Father: _____

_____ Mother: _____

Please summarize your philosophy of parenting.

Please list the reasons you desire to unite with the community school.

Please describe the area(s) in which you believe the Lord has gifted you and your spouse. List also your talents.

This Enrollment Form needs to be accompanied by a \$150 (non-refundable) New Family Application Fee per family. Upon receipt of application and intent fee, a date will be set for your family's interview. Your admission into BCCS will be determined by the interviewing process. Upon acceptance, your registration fee per student will be due. Please continue to pray for God's leading in this process.

Father's Signature: _____ Date: _____

Mother's Signature: _____ Date: _____

Brandon Christian Community School admits students of any race, color, national and ethnic origin. We do not discriminate on the basis of race, color, national or ethnic origin in administration of educational policies, admissions policies, athletics and other school-administered programs.

Return applications to: **BCCS, P.O. Box 1607 Seffner, FL 33583**. Enrollment will be processed on a 1st come, 1st served basis.

FOR OFFICE USE: DATE RECEIVED: _____ INTENT FEE PAID: YES NO CHECK #: _____ INTERVIEW DATE: ____/____/____