## APPLICATION OF INTENT FOR ADMISSION Broadway Christian School

Application Date//_	Returning	New Student	
Student Name Complete Address:			
Street	City	State	Zip Code
Date of Birth// S.S. #	Age	Grade Level E	ntering
Father's Name	Address		
Employer		Work Phone #	
Mother's Name	Address		
Employer		Work P	hone #
Has your child previously atte			o
Has your child ever failed a g	rade or been retained	? Yes No If Yes,	Please Explain
Has your child ever been exp Explain	elled or suspended fro	m school? YesNo	_ If Yes, Please
Has your child ever had a psy deficit disorder, or have any	=		
	-	-	
Is your child presently taking	regular medication? Y	es No If Yes, Ple	ase Explain

School Last Attended:				
Street Address	City	State	Zip Code	
We Must Have a l	ocal Emergency Phone Nun	nber In Case Parents Car	not Be Reached	
Name	Relationship	Primary Phone #	Secondary Phone #	
School. Therefore, we enrollment should inc	ng acceptance are made by must know your reasons for lude a desire for spiritual grod environment. Students sho ation process here.	r applying to our school. bwth. We should not be u	Reasons for used primarily as	
	REASON FOR APPL	YING TO BCS		
Signature of the perso	n responsible for this accour	nt:		
Name		Date		
Street Address	City	State	Zip Code	
Home Phone #	Cell Phone #	Work Phone #		
E-Mail Address				
Does your family atter	nd church? Yes No	If Yes, Where?		
How did you hear abo	ut Broadway Christian Schoo	ol?		