

### If Yes, A Medical Authorization Form Must Be Completed

School Last Attended: \_\_\_\_\_

Street Address	City	State	Zip Code
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**We Must Have a Local Emergency Phone Number In Case Parents Cannot Be Reached**

Name	Relationship	Primary Phone #	Secondary Phone #
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Final decisions regarding acceptance are made by the administration of Broadway Christian School. Therefore, we must know your reasons for applying to our school. Reasons for enrollment should include a desire for spiritual growth. We should not be used primarily as and escape from a bad environment. Students should be enrolled here with the intent of completing their education process here.

**REASON FOR APPLYING TO BCS**


Signature of the person responsible for this account:

Name	Date
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Street Address	City	State	Zip Code
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Home Phone #	Cell Phone #	Work Phone #
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E-Mail Address
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Does your family attend church? Yes \_\_\_\_ No \_\_\_\_ If Yes, Where? \_\_\_\_\_

How did you hear about Broadway Christian School?

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**Registration Fee is Due upon Receipt of Application**