

Name: _____ Grade: _____ Date: _____

Checklist for 2010-2011 Registration

New and Returning Students:

- ___ Emergency Information Care
- ___ Permission and Agreement Form (initialed and signed)
- ___ Registration Fee (non-refundable) Amount _____ Chk # _____ Cash _____ CC _____
- ___ Registered Siblings' Full Name(s) & Grade(s): _____
- ___ Completed Notarized Tuition Agreement
- ___ Completed ACH Debit Form & Voided Check (if applicable)
- ___ Before-School-Care/After-School-Care Registration (grades K2-5th)
- ___ Social Security Number (listed on emergency card)
- ___ Directory/Internet Permission and Information

All New Students:

- ___ Application for Admission
- ___ Copy of Birth Certificate
- ___ Copy of most recent report card or unofficial school transcript
- ___ Copy of most recent standardized testing scores (CTBS, Stanford, Iowa, etc.)
- ___ School Physical and Immunization Record from your child's doctor
- ___ Current Picture

APPLICANT'S NAME: _____ GRADE: _____

Bayshore

CHRISTIAN SCHOOL

"Faith Warriors"

APPLICATION FOR ADMISSION

3909 S. MacDill Avenue

Tampa, Florida 33611

Telephone: 813.839.4297

Fax: 813.835.1404

Website: www.bayshorechristianschool.org

Bayshore Christian School admits students without regard to race, color, sex, national or ethnic origin.

STUDENT INFORMATION

The following questions will give us some important information about your child. If additional space is needed to explain your answer, please feel free to attach a separate sheet.

1. Have you previously applied to have your child admitted to Bayshore Christian School? Yes No
2. Has your child previously attended Bayshore Christian School? Yes No
3. Has your child ever failed a grade or been retained in a class from any school?
 Yes No
If yes, please explain _____

4. Has your child ever been dismissed from or been refused admission to another school?
 Yes No
If yes, please explain _____

5. Has your child ever been involved in disciplinary action beyond a classroom teacher's involvement (sent to the principal, discipline committee, etc)? _____

6. Has your child ever had discipline problems? Yes No
7. Has your child ever had problems with attendance (tardiness)? Yes No
8. What has been the overall level of your child's work in the past? (A, B, Etc.) _____
9. Does your child have a Learning Disability? Yes No
If yes, please include a copy of all testing that has been done.
10. Has your child ever utilized the services of a counselor in private practice, psychiatrist, or clinical psychologist? Yes No
11. Has your child ever used alcohol, illegal drugs, or tobacco products? Yes No
12. Is your child presently involved in using alcohol, illegal drugs, or tobacco products?
 Yes No

13. Has your child had any encounters with law enforcement, juvenile, or legal agencies?
_____ Yes _____ No

14. Please list below your child's extracurricular interests, abilities (including musical instruments) and achievements:

15. What school did your child last attend? _____

Address: _____ Phone: _____

16. Other schools attended (chronological) _____

17. Do you currently have any outstanding balance at other private/Christian schools?
_____ Yes _____ No (if yes please explain)

18. Please explain why you would like your child to attend Bayshore Christian School:

19. Do you desire that your child be trained in the principles of the Word of God?
_____ Yes _____ No

20. Have other children in your family previously attended Bayshore Christian School?
_____ Yes _____ No If so, and they are not currently enrolled, what year did they
Graduate _____ or withdraw? _____

21. Please write below any further information which you feel may assist us in the
Guidance of your child at BCS:

2010-2011 EMERGENCY INFORMATION CARD



Student's Name: _____ Sex: _____ Birth Date: _____
(Last) (First) (Middle)

Home Address: _____ ZIP: _____
(Street) (City)

Age: ___ Grade Entering: ___ Social Security No.: _____ Race: ___ Home Phone: _____

Student's Cell Phone: _____ Parent's E-mail: _____

Student lives with (at primary residence):

Name: _____	Name: _____
Relationship: _____	Relationship: _____
Employer: _____	Employer: _____
Job Title: _____	Job Title: _____
Work Phone: _____	Work Phone: _____
Pager/Cell Phone: _____	Pager/Cell Phone: _____

If parents are divorced, list non-custodial parent's information or non-primary residence:

Name: _____	Should we mail/e-mail these items to this parent? _____
Home Phone: _____	
Street Address: _____	
City, State, ZIP _____	Report Cards/Progress Reports? _____
Work Phone: _____	E-Mail address: _____
Cell Phone: _____	Time spent with child: _____

List two relatives/friends who will assume care of your child if you cannot be reached at home or at work

Name: _____	Name: _____
Relationship: _____	Relationship: _____
Daytime Phone: _____	Daytime Phone: _____

Additional individuals who may pick up your child

Name: _____	Name: _____
Relationship: _____	Relationship: _____
Daytime Phone: _____	Daytime Phone: _____

Any individual who may NOT pick up your child, or special custody situations, should be listed here:

Emergency Medical Information

Physician's Name: _____ Health Insurance Co.: _____
Physician's Address: _____ Health Policy No.: _____
Physician's Phone: _____ Dentist's Name: _____
Hospital Preference: _____ Dentist's Phone: _____

Student Medical Information

List any medical conditions of which we should be made aware: _____
Date of last tetanus shot: _____

(If parents wish student to have medication administered during school hours, the office must be notified, and proper state-required forms must be completed in the school office. The parents must be responsible for delivering medication to the school office and refilling when necessary.)

Student Educational Information

List any information you would like the teachers to know about your child (i.e.: learning disabilities or special situations that may affect the child's academic progress): _____

Person Responsible for Paying School Finances

Name: _____ Phone: _____
Address: _____ City: _____ ZIP: _____

Religious Preference/Affiliation

Name of Church: _____ Are parents members of the church? _____
Name of Youth Pastor: _____ Is student a member of the church? _____

Grandparents' Information (to send them notices of special events):

Name: _____	Name: _____
Address: _____	Address: _____
City, State, ZIP: _____	City, State, ZIP: _____
Phone Number: _____	Phone Number: _____
E-Mail: _____	E-Mail: _____

Bayshore Christian School
Permission and Agreement Form

Please INITIAL on the line preceding each paragraph and sign at the bottom

_____ **Permission To Travel Authorization:** (for school-sponsored field trips, activities and athletics): I give permission for my child to be transported to and from any school-sponsored activity or field trip on authorized school vehicles.

_____ **Permission for Emergency Medical Treatment:** I understand that in the case of medical emergency, whether at school or on a school-sponsored trip, every effort will be made to contact me at home or at work. The child's physician will be contacted if I cannot be reached. If emergency hospital treatment is necessary, every effort will be made to use the hospital indicated as my preference. However, if circumstances so dictate, I give permission for any physician or any medical facility to begin emergency treatment until I can be reached. (All Bayshore Christian School students are covered by supplemental student insurance. This is a secondary policy, becoming effective after the parent's primary insurance.)

_____ **Corrective Disciplinary Action Policy:** I understand that corrective disciplinary action, when it becomes necessary, may involve before-school or after-school detention, work detail, in-school or out-of-school suspension, or expulsion.

_____ **Parent Statement of Cooperation:** I understand that the school is a Christian institution and that its tenets, rules and methods are established on that basis. I am open to the teaching of God's Word to my child. BCS accordingly reserves the right to terminate or to not renew a student's enrollment contract if the school's administration concludes that the actions of a parent or guardian make a positive and constructive relationship impossible. Any action by a student and/or his or her parents or guardian that seriously interferes with the school's ability to accomplish its purpose may result in termination.

We certify that all information provided on this form is accurate to the best of our knowledge. We understand that any omissions or misrepresentations could lead to the dismissal of the student.

Father's Signature (Date) Mother's Signature (Date)

_____ **Student Statement of Cooperation:** It is my desire to attend Bayshore Christian School. I will abide by its rules, and I understand that failure to cooperate in maintaining its ideals of academic and Christian conduct, on or off school property, may result in my dismissal whenever the general welfare requires, even though there may be no specific breach of conduct precipitating suspension. I am open to the teaching of God's Word, the Bible.

Student's Name (printed) (Date) Student's Signature (Date)

Family Directory Permission
Internet Display Information

2010-2011

_____ I give permission to allow the following information viewable on RenWeb Directory to all Bayshore Christian School families.

Please circle:

Name: Yes or No

Address: Yes or No

Home Phone: Yes or No

Cell Phone: Yes or No

Parent E-Mail Address: Yes or No

Do you give permission for your child's photograph to be displayed in Bayshore Christian School advertising publications such as brochures, flyers, pamphlets, website, etc.?

Yes or No

Name: _____ Date: _____
(Parent Signature)

Name: _____ Date: _____
(Printed)

Student Name and Grade: _____

**BEFORE-SCHOOL CARE/AFTER-SCHOOL CARE
ENROLLMENT FORM**

My child will be in:

____ BSC

____ ASC

My child will be a(n):

____ Regular user (billed monthly)

____ Occasional user (coupons bought in advance)

Date: _____ School Year: _____ Grade Entering: _____ Date to Begin: _____

Student's Name: _____
Last First Middle Home Phone

Mailing Address: _____
Street City Zip

Father's Name: _____ Cell Phone: () _____
Employer: _____ Work Phone: () _____

Mother's Name: _____ Cell Phone: () _____
Employer: _____ Work Phone: () _____

If parents are separated or divorced, with whom does the child live? _____
Any special custody situations or problems should be noted here: _____

Name of individuals authorized to pick up your child (other than those listed above):

Name: _____ Relationship: _____ Phone: () _____

Name: _____ Relationship: _____ Phone: () _____

Name: _____ Relationship: _____ Phone: () _____

Medical Emergency Information

List any medical, dietary or handicapping conditions that your child has: _____

Physician's Name: _____ Phone: () _____

Address: _____ Hospital Preference: _____

Responsible adult to contact if parents can't be reached:

Name: _____ Phone: () _____

Regular User: \$150 per month

Occasional User: \$10.00 per coupon (available in the school office)

After-school care ends at 6 p.m. Late pick-up between 6 and 6:15 requires a \$5 fee per child, with an additional \$5 charge per child for each 15 minutes (or portion of 15 minutes) thereafter. The late fee is due when you pick up your child.



Bayshore

CHRISTIAN SCHOOL

Student Record Release Authorization Form

3909 S. MacDill Avenue · Tampa · FL · 33611
813.839.4297 · Fax 813.835.1404 ·
www.bayshorechristianschool.org

Student Record Release Authorization Form to be Sent to Student's Current School

Student's Current School

Student's Name

School Street Address

Date of Birth

City, State, Zip

Current Grade

The above student has expressed an interest in attending Bayshore Christian School. In accordance with the provisions of the Family Educational Rights and Privacy Act of 1974, please send Bayshore Christian School the following information on the above referenced student:

- Last two years report cards (minimum)
- Health Data
- Last two years of standardized test scores
- Transcript (Grades 9 - 12)
- Elementary Teacher's Recommendation (Grades 2 - 6)
- Principal /Guidance Counselor Recommendation Form (Grades K5- 12)
- Math Teacher Recommendation Form (Grades 7 - 12)
- English Teacher Recommendation Form (Grades 7- 12)
- Behavior records (K4-12)

Parent/Guardian's Name (PLEASE PRINT)

Parent/Guardian's Signature

Date



Bayshore

CHRISTIAN SCHOOL

Elementary Teacher's Recommendation

3909 S. MacDill Avenue · Tampa · FL · 33611
 813.839.4297 · Fax 813.835.1404 ·
www.bayshorechristianschool.org

My son/daughter is applying for admission to Bayshore Christian School. I would appreciate your completing this form and returning it directly to the Registrar at BCS. I hereby authorize the release of my child's records and evaluative data.

Student name: _____ Applying for Grade: _____

Current School: _____ Grade: _____

Current School Address: _____

Parent Signature: _____ Date: _____

To the Applicant's Elementary Teacher:

The above student has applied for admission to Bayshore Christian School, a Christian, college preparatory school. We would appreciate your evaluation of this student in the areas below. When completed, we ask that this form be sent to the BCS Registrar at the above address, where it will be placed in a confidential file. We are thankful for your time in completing this form.

Academic Ability	<input type="checkbox"/> Exceptional	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Lower marginal Ability	<input type="checkbox"/> Poor Academic Risk
Initiative, Drive	<input type="checkbox"/> Outstanding, Resourceful	<input type="checkbox"/> Well Above Average	<input type="checkbox"/> Generally Strong Enough	<input type="checkbox"/> Occasionally Weak or Lacking	<input type="checkbox"/> Very Weak
Leadership & Responsibility	<input type="checkbox"/> Outstanding, Top Positions	<input type="checkbox"/> Commendable, Top or Next to Top Positions	<input type="checkbox"/> Capable, Minor Positions, Good	<input type="checkbox"/> No Sign of Leadership or Involvement	<input type="checkbox"/> Record of Irresponsibility
Interest in Non-Academic Activities	<input type="checkbox"/> Outstanding	<input type="checkbox"/> Commendable, Top or Next to Top Activities	<input type="checkbox"/> Active	<input type="checkbox"/> Minor Participation	<input type="checkbox"/> No Participation
Parental Support	<input type="checkbox"/> Exceptional	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Sometimes Unsupportive	<input type="checkbox"/> Often Unsupportive, Critical Of School
Peer Relationships	<input type="checkbox"/> Highly Respected, Well-liked	<input type="checkbox"/> Respected/Liked	<input type="checkbox"/> Accepted But Not Sought Out	<input type="checkbox"/> Some Difficulty in Cultivating Relationships	<input type="checkbox"/> Poor/Unhealthy, Unskilled Interpersonally
Personal Qualities	<input type="checkbox"/> Superior Personal Qualities	<input type="checkbox"/> Great Strengths	<input type="checkbox"/> Strengths Outweigh Weakness	<input type="checkbox"/> Somewhat Immature For Age	<input type="checkbox"/> Very Immature For Age
Emotional	<input type="checkbox"/> Extremely Well Balanced	<input type="checkbox"/> Well Balanced	<input type="checkbox"/> Usually No Problems	<input type="checkbox"/> Some Problems	<input type="checkbox"/> Many Problems
Summary as a Student	<input type="checkbox"/> Outstanding	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> Poor

Academic Ability

Reading Skills	<input type="checkbox"/> Superior	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Below average	<input type="checkbox"/> Poor
Writing Skills	<input type="checkbox"/> Superior	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Below average	<input type="checkbox"/> Poor
Math Computation Skills	<input type="checkbox"/> Superior	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Below average	<input type="checkbox"/> Poor
Math Critical Thinking Skills	<input type="checkbox"/> Superior	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Below average	<input type="checkbox"/> Poor
Prediction of Applicant's success at next grade/level	<input type="checkbox"/> Superior	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Below average	<input type="checkbox"/> Poor
Would you recommend this student for an honors course?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Has outside help been recommended?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			

Study Habits

Ability to work independently	<input type="checkbox"/> Superior	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Below average	<input type="checkbox"/> Poor
Ability to work with others	<input type="checkbox"/> Superior	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Below average	<input type="checkbox"/> Poor
Pattern of completing work on time	<input type="checkbox"/> Superior	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Below average	<input type="checkbox"/> Poor
Attention span	<input type="checkbox"/> Superior	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Below average	<input type="checkbox"/> Poor
Organization /care of materials	<input type="checkbox"/> Superior	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Below average	<input type="checkbox"/> Poor

Thank you for agreeing to submit a recommendation in support of this applicant for admission to Bayshore Christian School. The information you provide is confidential and will be used only in the selection of applicants. It will not be available to the applicant or their parents. We ask that you mail or fax this completed form to the Office of Admissions at the address listed on the front page of this recommendation form.

Name (PLEASE PRINT)

Title

Signature

Date

School Address: _____

School Phone: _____

TUITION AND FEE SCHEDULE 2010-2011

Tuition

Pre-K2 – K5	\$6,780.00
Grade 1 – 5	\$7,280.00
Grade 6 – 8	\$7,665.00
Grade 9 – 12	\$8,085.00

Required Fees

Application Fee	\$75.00
Acceptance Fee	\$200.00
Testing Fee (if applicable)	\$45.00

Before School Care and After School Care

Daily Rate:	
Before Care	\$5.00
After Care	\$10.00
Monthly Rate:	
Before Care	\$50.00
After Care	\$150.00
Late Pick Up Charge (per quarter hour)	\$10.00

Sports Fees

Graduation Fees

Seniors	\$125.00
Kindergarten	\$35.00

Hot Lunch Program

K-2 through 2 nd grade (per day)	\$4.00
3 rd grade through 12 th grade (per day)	\$4.50

Other Fees

Late Payment Fee	\$25.00
Return Check/ACH Fee	\$25.00

AUTHORIZATION AGREEMENT FOR AUTOMATED BILLING

(ACH DEBITS)

Name(s): _____ ID Number: _____
(Please Print) (Office Use Only)

I (we) hereby authorize Bayshore Christian School (hereinafter called "Company") to initiate debit entries of \$ _____ monthly for _____ months beginning _____, 20____, and ending _____, 20____, to my (our) _____ (checking) or _____ (savings)

Account indicated below and the depository named below (hereinafter called "Financial Institution"), to debit the same such account.

Please choose the day you want withdrawal ____ 1st ____ 15th
(If no date is chosen the debit will be done on the 1st of each month)

Financial Institution: _____

Branch: _____ City: _____ State: _____ Zip: _____

Transit/ABA Number: _____ Account Number: _____

This authority is to remain in full force and effect until Company has received written notification from me (or either of us) of its termination in such time and such manner as to afford Company and Financial Institution a reasonable opportunity to act on it.

Signature: _____ Date: _____

Signature: _____ Date: _____

IMPORTANT

ATTACH A VOIDED CHECK FROM CHECKING ACCOUNT OR A DEPOSIT SLIP FROM SAVINGS ACCOUNT