



Grade Level:				Todays Date: / /				
Last Name:			First Name			M.I.		
Date of Birth: / /			Gender: M F					
1-Parent/Guardian Name:			Relationship:			Lives with Yes No		
Home Phone: () -		Cell Phone: () -		Work Phone () -		Email:		
2-Parent/Guardian Name:			Relationship:			Lives with Yes No		
Home Phone: () -		Cell Phone: () -		Work Phone () -		Email:		
Parent/Guardian Address: (where student lives) _____								
City: _____			State: _____		Zip: _____			
Has the student received any of these services? (circle all that apply)		Special Education	504 plan	Speech/Hearing	IEP	Occupational Therapy	Title 1	ESL (English as a 2nd Language)
Has the student ever been expelled or received a long-term suspension?					Yes No			
If yes, please explain.								
Does student have siblings enrolled at Berean Academy? If yes, name/grade:								
Does student have siblings on the Wish List? If yes, name/grade:								
Parent/Guardian Signature: _____								

Office Use Only			
Date added to Wait List:	/ /	Position on Wait List:	/ /
Principal Conference:	/ /	1st Offer:	/ /
Teacher Conference:	/ /		/ /
Reg. Pkt. Pickup:	/ /		/ /
Registration Apt:	/ /		/ /
Date added to Count:	/ /	Date added to schoolMaster:	/ /