# Registration Form, 2024-2025 School Year

# **Bethany Christian School**

#### 3300 W. Parker Road

## Plano, TX 75075, 972-596-5811

### E-mail Bethany.Christian@verizon.net

The information provided will be kept confidential. If you are enrolling more than one student, please fill out a form in its entirety for each child.

### ALL information below needs to be local contact information only.

<b>Student Information:</b>			
Today's date	_ Grade enrolling for	Birthday	Sex
Student's name (Last, first, middle)			
Please list the names and grades of	other siblings enrolled in E	3CS	
*ALL information below should r	reflect where and with wh	nom the student is living	g/will live <u>locally.</u> *
Names of adults with whom studen	it lives:		
Student's Address			
City, state, zip code			
Home phone	E-mail		·
Local Contact #1 name:			
Contact #1 cell	Contact #1 work		
E-mail			
Local Contact #2 name:			
Contact #2 cell	Contact #2 work		
E-mail			
If the student attends church, which	church does he/she attend	?	
Are you interested in receiving info	rmation about Bethany Bib	ole Church?	
What does a person need to do to go	to heaven?		
<b>Emergency Information:</b>			
In case of an emergency and the abo	ove-noted individuals are n	ot available, whom shall	we contact <u>locally</u> ?
Name	Relationship to child		
Address			
City, state, zip code			
Home phone	cell	work	
Financial Information: Person res	ponsible for account		
I have received, read and understand	d the Schedule of Fees, inc	luding the section regard	ing refunds and
penalties.			
Signature		Date	