



REGISTRATION FEE (2023-2024)

If the student meets the eligibility requirements for admission, there will be a registration fee of \$300.00 and \$3,000 annually (K-8th SDA). (Non-SDA) \$350.00 registration and \$3,500 annually. Grades 9th & 10th \$1,625.00 plus registration. This fee is paid once a year and will help to cover the cost of art supplies, library books, media use, standardized achievement test, student accident insurance and use of textbooks, workbooks, and worksheets. The registration fee is non-refundable after the first day of school.

TUITION FOR (2023-2024)

Tuition is based on the total education and is charged per year, not per month. We try to operate our school as efficiently as possible so that we can provide education at a minimal cost. It is important that each student's account be kept up-to-date so that we can meet our financial obligations. **Bethel Adventist Church School** will operate on a ten-month cycle, from August through May.

The first month's tuition is due on the first day of school in August. Subsequent payments are due on the 15th of each subsequent month from September to May of the school year. Payments received after the fifteenth (15th) of each month will be charged a \$15.00 late fee.

Checks should be made payable to **Bethel Adventist Church School**.

Bethel Adventist Church School is a non-profit organization and does not make exorbitant or unreasonably high demands on the parents and guardians of its students. Every effort is made to ensure that the money from tuition is utilized in an efficient, effective, and economical manner. The tuition is based on current cost for services and resources.

Parents or guardians of students whose accounts become thirty (30) days delinquent will be contacted by the School Board Treasurer in order to resolve the account. The total cost of tuition may be paid in advance for each semester or year.



REFUNDABLE REGISTRATION FEES:

K-8th (SDA)	\$300.00	9th & 10th (See Principal)
K-8th (Non-SDA)	\$350.00	

(TUITION RATES):

Frequency	Kindergarten <u>SDA/Non-SDA</u>	Grades 1st-8th <u>SDA/Non-SDA</u>
<u>Monthly</u>	\$300/\$350 (per 10 mos.)	\$300/\$350 (per 10 mos.)
<u>Yearly</u>	\$3,000/\$3,500 (annually)	\$3,000/\$3,500 (annually)

****Families with more than one student in the school will need to contact the treasurer regarding a discount for each additional student enrolled in the school.**

**BETHEL ADVENTIST CHURCH SCHOOL
STUDENT APPLICATION
SOUTHWEST REGION CONFERENCE OF SEVENTH-DAY ADVENTIST SCHOOL**

Date of Application _____
 _____ New Student _____ Returning Student
 Student Social Security # _____

1. Full Legal Name _____ Sex _____
 of student _____
 Last First Middle (Nick Name)

2. Date of Birth _____ Place of Birth _____ Age _____

Check original document submitted to Birth Certificate () Notarized Statement ()
 Verify Birth-Date for child Hospital Statement () Passport or Visa ()
 Entering Kindergarten or 1st Grade

3. Student living with: Father () Mother () Stepfather () Stepmother ()
 Grandparents () Other _____

Specify _____
 Home Address _____ P.O. Box _____
 Number Street

 City State Zip Code Telephone _____

Email Address _____

4.

Legal names of those checked in #3.	Denomination Affiliation	Church where membership held	Languages used at home	Occupation	Business Phone or Cell Phone

5. Is the student sponsored by an Adventist church member? Yes () No ()
 Is the student a baptized member of the Adventist Church Yes () No ()

If yes, indicate year baptized _____ Church where membership is held _____

6a. School last attended _____
Name of School Address Telephone#

6b. Reason for leaving _____

7. Family Physician _____
Name Address Telephone#

8. Person to be notified in case of emergency if parent is not available:
Name Address Telephone#

9a. Indicate physical problem by check mark: Hearing () Heart () Speech ()

9b. What else should we know about your child? _____
Specify

10. If on regular medication, please specify _____

11. In the event of sudden illness or accident requiring attention, school personnel are authorized to administer first aid, and if necessary, take child for emergency treatment to a doctor's office or hospital.

Signature of Parent or Guardian: _____

Hospital Preference _____ Telephone# _____

12.

Name of other children in the family	Sex	Age	Check if living at home	School child is attending

13. Has this student been previously identified as qualifying for a gifted education program? Yes () No ()
If yes, what kind? _____ When? _____

Where? _____ By Whom? _____

14. Has this student been previously identified as qualifying for a special education program? Yes () No ()

If yes, what kind? _____ When? _____

Where? _____ By Whom? _____

15. Does student have an unpaid account at another school? Yes () No ()

If so, where? _____

16. Name and address of person to whom financial statements are to be sent if different from that given in item #3.

Name	Address	Telephone#
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Name	Address	Telephone#
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17. Name(s) and relationship of individuals authorized to pick-up your child.
(Identification required at time of pickup.)

Name	Relationship	Name	Relationship
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Name	Relationship	Name	Relationship
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Student Contract:

I agree to uphold the school's regulations. I pledge my concentration and loyalty to the school Bethel Adventist Church and its employees. I will abide in harmony with the School's Christian Principles.

Parent Contract:

I hereby agree to support school regulations and to help my child observe them, to supply physical examination reports for this student, a) entering school for the first time, b) at grade seven (this should include the scoliosis examination, c) at least once in grades 9 through 10, and d) at other grades, when required by the Conference Board of Education, and to accept all financial educational obligations for this student.