APPLICATION FOR ADMISSION

Student Applicant Information *(Please print name exactly as it should appear on permanent records.)*

Last Name (Family Name) | First Name | Middle Name | Preferred Name

Date of Birth | Social Security # | Home Telephone | Student's Cell Phone (Optional)

Home Address | City | State | Zip Code | Country

❑ Male ❑ Female

Country of Birth | Country of Citizenship | Primary Language

Current Grade | Applying for Grade | Month/Year of Proposed Entrance | Student's Email (Optional)

Are you applying for financial aid? ❑ Yes ❑ No If "yes" you must contact the Business Office for more information at 979-823-1000

Father or Male Guardian

Name (Dr./Mr./Rev.) _____

Home Address _____
(if different from applicant)

City _____ State _____ Zip Code _____

E-mail _____

Home Telephone _____

Cell Telephone _____

Profession/Position _____

Employer _____

Work Address _____

City _____ State _____ Zip Code _____

Phone (W) _____ Fax (W) _____

Mother or Female Guardian

Name (Dr./Mrs./Ms./Rev.) _____

Home Address _____
(if different from applicant)

City _____ State _____ Zip Code _____

E-mail _____

Home Telephone _____

Cell Telephone _____

Profession/Position _____

Employer _____

Work Address _____

City _____ State _____ Zip Code _____

Phone (W) _____ Fax (W) _____

Check any that apply:	❑Father Deceased	❑Mother Deceased	❑Parents Separated	❑Parents Divorced
Student lives with?	❑Father & Mother ❑Guardian	❑Father ❑Stepfather	❑Stepmother ❑Mother	❑Other_____
Receive mail?	❑Father	❑Mother	❑Guardian	❑Other_____
Legal custody?	❑Father	❑Mother	❑Guardian	❑Other_____

Present School _____ School District _____

School Address | City | State | Zip Code | Country

Dates of Attendance _____ ❑Public ❑Parochial ❑Private Headmaster/Principal _____

Other schools attended in the last three years:

Name | School Address | City/State/Province | Dates of Attendance

Has applicant repeated any grade? ❑ Yes ❑ No

Has applicant ever been expelled, denied re-enrollment at a school, counseled not to return to a school, or been the subject of any major school disciplinary action? ❑ Yes ❑ No *If yes, please explain.*

_____

_____

Is there any medical or other reason that the applicant cannot participate fully in any normal school activities, including athletics or extracurricular activities? ❑ Yes ❑ No *If yes, please explain.*

_____

Are there any special factors or conditions, including any special medications or allergies, affecting your child about which the school needs to be informed? ❑ Yes ❑ No *If yes, please explain.*

_____

How did you hear about Brazos Christian School?

❑Alumnus ❑Minister ❑Internet ❑Website ❑Current Family ❑Admissions Representative ❑Catalog on Private Schools

❑Faculty Member ❑Newspaper or Magazine ❑Other _____

Do you have any relatives that currently attend the school? ❑ Yes ❑ No *If yes, please list names and years attended.*

_____

Do you have any relatives that previously attended the school? ❑ Yes ❑ No *If yes, please list names and years attended.*

_____

Do you have any siblings? ❑ Yes ❑ No *If yes, please complete the following.*

_____

Name Birthday Grade School

_____

Name Birthday Grade School

Your Church Home

Place of Worship _____ Pastor _____ Church Phone _____

_____

Church Address City State Zip Code Country

Involvement _____

Applicant's Interests

Please check any interests of the applicant:

❑Football ❑Volleyball ❑Cross Country ❑Basketball ❑Soccer ❑Tennis ❑Golf ❑Track & Field ❑Baseball ❑Softball

❑Cheerleading ❑Student Prefects ❑Art ❑Drama ❑Choir ❑Band ❑Other _____

In order to better serve your child, we need to know if there have been any experiences that will influence the community life at Brazos Christian School. This includes things such as suspensions, expulsions, psychiatric care, substance use or abuse, or any other behavioral problems at home or at school. ***Please note on a separate sheet*** *any situations that could influence your child's experience at Brazos Christian School. Failure to notify us may result in your child's separation from Brazos Christian School.*

_____ _____ _____

Parent or Guardian Signature **Student Signature (7th -12th)** **Date**

attach a recent photo here

Please Include:

❑Non-refundable $100 Application Fee
❑Copy of Applicant's most current Report Card
❑Copy of Birth Certificate
❑Copy of Immunization Records
❑Signed Statement of Faith

Return to:

Brazos Christian School
Admissions Office
3000 West Villa Maria Rd.
Bryan, Texas 77807
Fax: 979-823-1774

Brazos Christian School

Statement of Faith

1. We believe there is one God, eternally existent in three Persons: the Father, the Son and the Holy Spirit.

2. We believe in the deity of Christ, in His virgin birth, in His sinless life, in His miracles, in His vicarious and atoning death, in His resurrection from the dead, in His Ascension to the right hand of the Father, and in His personal return to power and glory.

3. We believe the Bible to be inspired and the only infallible, authoritative Word of God.

4. We believe in the absolute necessity of regeneration by the Holy Spirit for salvation because of the exceeding sinfulness of human nature; and that men are justified on the single ground of faith in the shed blood and resurrection of Christ, and that only by God's grace and through faith are we saved.

5. We believe in the resurrection of both the saved and the lost; they that are saved unto resurrection of life, and they that are lost unto the resurrection of damnation.

6. We believe in the spiritual unity of believers in Christ.

_____ _____
Parent Signature Date

_____ _____
Parent Signature Date