

**Bangor Christian Schools**  
**1476 Broadway**  
**Bangor, Maine 04401**  
Phone # 207- 947-7356 Fax # 207-262-9528  
www.bangorchristian.com

**APPLICATION FOR ADMISSION** *(A registration fee of \$100.00 must be submitted with each application)*

Student's Name: Last \_\_\_\_\_ First \_\_\_\_\_ M \_\_\_\_\_

Name By Which Called \_\_\_\_\_ Male \_\_\_ Female \_\_\_ Ethnicity \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth: City \_\_\_\_\_ State \_\_\_\_\_

Native Language \_\_\_\_\_ Citizenship \_\_\_\_\_ Social Security # \_\_\_\_\_

Grade Entering \_\_\_\_\_ If K4 – # of days: 5 days (M-F) 3 days (MWF) 2 days (T,TH)

Date Student Plans to Start \_\_\_\_\_ Home Phone # \_\_\_\_\_

Mailing Address \_\_\_\_\_

Town of Legal Residence \_\_\_\_\_

**COPY OF BIRTH CERTIFICATE MUST ACCOMPANY THIS APPLICATION**

**Father:** Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Mailing Address \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

**Mother:** Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Mailing Address \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

If parents are separated or divorced – with whom does the child primarily reside? \_\_\_\_\_

**Guardian:** (If other than above) Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Mailing Address \_\_\_\_\_ Town \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Parent Email Address(es) \_\_\_\_\_

Is either parent a graduate of BCS? Yes \_\_\_ No \_\_\_ If so, year graduated: Mother \_\_\_\_\_ Father \_\_\_\_\_

Do you have any siblings that attend BCS or have in the past? \_\_\_\_\_

**DO NOT WRITE IN THE SPACE BELOW - For Office Use Only:**

Date Received: _____	Registration Fee: _____	Interviewed by: _____
Grade Placement: _____	Health Form Complete _____	Emergency Form Complete _____
Transfer Request Complete _____	Birth Certificate _____	State Student ID# _____

To whom should billing and financial information be sent?

Father \_\_\_\_\_ Mother \_\_\_\_\_ Guardian \_\_\_\_\_ Other \_\_\_\_\_

Name \_\_\_\_\_ Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Address \_\_\_\_\_

Which financial plan will you be using to pay your tuition?

Pay in Full \_\_\_\_\_ Semester \_\_\_\_\_ Quarterly \_\_\_\_\_ 12 Month \_\_\_\_\_ 10 Month \_\_\_\_\_

Are you eligible for the family plan? Yes \_\_\_\_\_ No \_\_\_\_\_

Last School Attended \_\_\_\_\_ Address \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Last Year Attended \_\_\_\_\_ Last Grade Attended \_\_\_\_\_ Grades Repeated \_\_\_\_\_

Has your child attended this school previously? Yes \_\_\_\_\_ No \_\_\_\_\_ Dates: \_\_\_\_\_

Has your child ever received special services or resource room instruction? Yes \_\_\_\_\_ No \_\_\_\_\_

Has your child ever received any special services or resource room? Title 1A \_\_\_\_\_ Special Ed \_\_\_\_\_

Chapter 504 \_\_\_\_\_ Other \_\_\_\_\_ If so, please explain \_\_\_\_\_

Has your child ever used tobacco, alcohol, marijuana, narcotics or any harmful drugs? \_\_\_\_ Yes \_\_\_\_ No  
If yes, please write a brief summary on a separate sheet of paper.

Has your child ever been expelled or suspended from any school? \_\_\_\_ Yes \_\_\_\_ No  
If yes, state details including name of school, dates and reason, on a separate sheet of paper.

Is your child now, or ever been under the supervision of a parole officer, under the custody of a juvenile or other court, or a ward of the state? \_\_\_\_ Yes \_\_\_\_ No If yes, please write an explanation on a separate sheet of paper.

Are you a member of a local church? \_\_\_\_ Yes \_\_\_\_ No

Church Name \_\_\_\_\_ Pastor \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

**Student and Parent Statement of Cooperation**

We have read and understand the entire contents of the Parent/Student Handbook, and are willing to abide by all the principles stated therein. We understand the student will be subject to dismissal from school for violation of the discipline code in regard to the use of drugs (including tobacco and alcohol), immorality or for possession or distribution of pornography or lewd materials. We also understand that attendance at Bangor Christian Schools is a privilege and not a right. We understand that the school may request withdrawal at any time if in the opinion of the school the student does not fit into the spirit of the institution regardless of whether or not he/she conforms to the specific rules and regulations. We understand any non-factual information submitted on this application may lead to the dismissal of the student. It is our prayerful desire to contribute positively to the spirit of Bangor Christian Schools and to live a life pleasing to the Lord.

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

Mother's Signature \_\_\_\_\_ Date \_\_\_\_\_

Father's Signature \_\_\_\_\_ Date \_\_\_\_\_

Bangor Christian Schools on occasion will advertise in newspapers, brochures, flyers, or posters to promote our school. Candid pictures are taken of our students at various times through the year to show student life at our school, and sometimes we use these pictures in our advertising. May we have written permission to use pictures of your child for advertising purposes, if the need arises in the future?

\_\_\_\_ No, you do not have my permission to use pictures of my child for advertising purposes.

\_\_\_\_ Yes, you have my permission: Parent Signature \_\_\_\_\_