Applying for Grade	For School Year	2024-2025	Date Application Fee Received

APPLICATION FOR ENROLLMENT

Old Bethel Christian Academy

P.O. Box 95 Clarks, Louisiana 71415 (318) 649-0281

STUDENT DATA							
Name:(Las	st)	(First)	(Middle	SSN: _			
Street Address:		(City:		State:	Zip:	
Male ☐ Female ☐ Race (Optional):		D	ate of Birth: _	(Month/Day/Year)	_ Telephone: ())	
Church Affiliation (C	Optional):		Congr	Congregation:			
In what church activi	ities do you engage?	·				_	
Extracurricular inter	ests or hobbies?						
School(s) attended:							
senson(s) attended.		(Name)			(Complete Address)		
		(Name)			(Complete Address)		
		(Name)			(Complete Address)	_	
Attended OBCA in p						When?	
		FAMIL	Y DATA				
DATA		FATHER			MOTHER		
Full Name							
Address (If different)							
Employer							
Cell Phone							
Business Phone							
EMail							
2 nd EMail							

		FAMILY D	ATA CONTINUED	
List oth	er children in family:			
			_	
	Name	Age	Name	Age
	Name	Age	Name	Age
If not li	ving with parents give the follow	ing information:		
Name _			Legal Relationship	
Addres	s			
Educati	ion		Employer	
Occupa	tion		Business Phone ()	
Church	Affiliation		Congregation	
		HEA	ALTH DATA	
1.	Name and explain any health co		r present, which need to be brought to the school	ol's attention to safeguar
	this applicant at school (eg. dial	oetes, seizures, astl	hma, emotional disorders, educational challeng	ges, etc.) or which would
			,	
3.	Has the applicant been tested for	or any of the follow	,	
	Speech/Language		Attention Deficit Disorder	
	Learning Disabilities	1 66 41	Attention Deficit Hyperactive	-
•	Emotional Issues (which if one or more items are checked, pleas	٠,	Otherith a copy of scores and recommendations from the evaluat	
	7.	•	••	· ·
4.	Doctor's Name		Telephone _(_
		CER	TIFICATION	
all : reg exp beh	students will participate in daily B sulations of the school and understaulsion, or corporal punishment). Favioral probation for a period of	ible study and wee and that failure to d furthermore, we und one calendar year.	a principles and is operated by Christian staff memerally chapel assemblies. We agree to support and lo so will result in disciplinary action (which may derstand that all students new to OBCA are accept By our signatures hereon, we certify that we under a correct to the best of our knowledge.	follow all rules and include suspension, ted on academic and
Pai	rent's Signature		Da	
Stu	dent's Signature		Da	te
			basis of race, color, national or ethnic origin regard	rding its policies,
educat	ional offerings, athletic programs,	or other school-spo	onsored activities.	

STUDENT BACKGROUND STATEMENT

As a part of the enrollment process at Old Bethel Christian Academy, each student must complete this form. It must be signed by the applicant and a parent/guardian. This information will remain confidential.

Answer YES or NO to each question. Please explain any YES answer.

1.	Have you ever been suspended or expelled from any school or assigned to an alternative learning center?
2.	Have you been declared ineligible to re-enroll in the school from which you are transferring?
3.	Have you ever been in consultation with a counselor, diagnostician, or doctor concerning emotional or behavioral problems?
4.	Have you ever been charged with the possession or use of illegal drugs or controlled substances?
5.	Have you ever been involved in gang, satanic, or cult-related activities?
6.	Have you ever been accused of or involved in the illegal possession of a dangerous weapon?
7.	Have you ever been arrested or convicted by any civil authorities in juvenile courts?
	e agree to the immediate dismissal of the applicant named above from Old Bethel Christian Academy for any sstatement or omission of information on this form.
Stı	Parent/Guardian Date

OBCA Records Checklist

Application for Enrollment
Copy of Birth Certificate
Copy of Social Security Card
Copy of current Immunization Record
Student Handbook