



# NEW STUDENT REGISTRATION FORM

## STUDENT INFORMATION

Today's Date \_\_\_\_\_

Student's Full Name		
First	Middle	Last
Gender <input type="radio"/> Male <input type="radio"/> Female		
Race		
DOB		
Age		Entering Grade
Street Address		
City		
State		Zip

## FAMILY INFORMATION

Father's Full Name		Lives with Student <input type="radio"/> Yes <input type="radio"/> No	
Father's Cell Phone		Work Phone	
Mother's Full Name		Lives with Student <input type="radio"/> Yes <input type="radio"/> No	
Mother's Cell Phone		Work Phone	
Marital Status <input type="radio"/> Married <input type="radio"/> Divorced <input type="radio"/> Widowed <input type="radio"/> Separated			
If parents are separated, who is the legal guardian?			
Street Address			
City		State	Zip

## EMERGENCY CONTACTS (not living with you)

Contact	Relation to student	
	Cell	Daytime Phone
Contact	Relation to student	
	Cell	Daytime



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## MEDICAL INFORMATION

Family Physician

Please list any serious illnesses or handicaps?

## RELIGIOUS INFORMATION

Church Attending

Pastor

Street Address

City

State

Zip

Father Christian? ☐ Yes ☐ No

Mother Christian? ☐ Yes ☐ No

## SCHOLASTIC INFORMATION

School Last Attended

Last Grade Attended

Street Address

City

State

Zip

Has your child ever been expelled, dismissed, suspended, or refused admission to another school? ☐ Yes ☐ No

If yes, please explain

Has your child ever had disciplinary difficulties? ☐ Yes ☐ No

If yes, please explain

Has your child ever been in trouble with the law, arrested, etc? ☐ Yes ☐ No

If yes, please explain

Has your child ever used tobacco or drugs of any kind? ☐ Yes ☐ No

If yes, please explain

Please indicate the academic level of your child's previous work: ☐ Excellent (All A's) ☐ Average (B-C)  
☐ Good (A-B) ☐ Poor (D-F)

Has you child ever failed in school? ☐ Yes ☐ No Stayed Back ☐ Yes ☐ No

If yes, please explain



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## GENERAL INFORMATION

How did you hear about our school?

What is your reason for selecting SBBCA?

List any school-age children in your family not applying:

Name	Age
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Name	Age
------	-----

Name	Age
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Reason they are not applying

This application must be filled out completely on both sides before it can be processed.  
The Registration Fee is due with this application.

## OFFICE USE ONLY

Interview	Amount Recorded	Parent/Billing ID #
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Interviewer	Reg. Fee	School Year
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Enrollment Date	Starting Date
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