



APPLICATION FORM

Received _____

BELLINGHAM CHRISTIAN SCHOOL

FAMILY INFORMATION

Parent(s) or Guardian(s) _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____

Mother's Cell Phone _____ Father's Cell Phone _____

Mother's e-mail _____ Father's e-mail _____

What church do you attend? _____

Circle the people in your family who believe that salvation is by repentance and faith in Jesus Christ.

Dad Mom Children None

We certify that we have no outstanding tuition balance at any other school. _____ (initial here)

APPLICATION PROCESS

- Read all pertinent info on website and/or tour the school.
- Complete this Application Form.
- Attach a copy of your child's most recent report card and MAP scores if available.
- Send **completed** Application Packet to the school.

Mail or email Application to:

Bellingham Christian School
1600 E. Sunset Drive
Bellingham, WA 98226
or

Schmidt@bellinghamchristianschool.org

Parent Signature _____ Date _____

Parent Signature _____ Date _____

Bellingham Christian School admits students of any race, color and national or ethnic origin.

STUDENT INFORMATION

Student One _____

Birthdate _____ First MI Last
Gender _____

Grade Entering (K-8th) _____ or 2 Day/P3 3 Day/P4 Five Day

School last attended _____ Ethnicity _____ (For statistics only)

Please check any that apply: IEP Speech Therapy 504 English as a Second Language

Student Two _____

Birthdate _____ First MI Last
Gender _____

Grade Entering (K-8th) _____ or 2 Day/P3 3 Day/P4 Five Day

School last attended _____ Ethnicity _____ (For statistics only)

Please check any that apply: IEP Speech Therapy 504 English as a Second Language

Student Three _____

Birthdate _____ First MI Last
Gender _____

Grade Entering (K-8th) _____ or 2 Day/P3 3 Day/P4 Five Day

School last attended _____ Ethnicity _____ (For statistics only)

Please check any that apply: IEP Speech Therapy 504 English as a Second Language

Other children living at home _____

name and age