



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**
- Send **completed** Application Packet to the school.

Mail or email Application to:

Bellingham Christian School
1600 E. Sunset Drive
Bellingham, WA 98226
or
miller@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 _____ Gender _____ Ethnicity _____ (For statistics only)
Grade Entering (K-8th) _____ or 2 Day/P3 3 Day/P4
School last attended _____ Public School district where you live _____
Neighborhood public school _____

In the interest of best serving your child, please check the boxes that are applicable;

- IEP 504 Plan Speech/Occupational Therapy Early Intervention (birth-3 program)
 Autism diagnosis ADD/ADHD diagnosis Sensory English as a Second Language
 Dyslexia or other challenges with reading History of trauma or mental health diagnosis

Student Two _____

Birthdate _____ Gender _____ Ethnicity _____ (For statistics only)
Grade Entering (K-8th) _____ or 2 Day/P3 3 Day/P4
School last attended _____ Public School district where you live _____
Neighborhood public school _____

In the interest of best serving your child, please check the boxes that are applicable;

- IEP 504 Plan Speech/Occupational Therapy Early Intervention (birth-3 program)
 Autism diagnosis ADD/ADHD diagnosis Sensory English as a Second Language
 Dyslexia or other challenges with reading History of trauma or mental health diagnosis

Student Three _____

Birthdate _____ Gender _____ Ethnicity _____ (For statistics only)
Grade Entering (K-8th) _____ or 2 Day/P3 3 Day/P4
School last attended _____ Public School district where you live _____
Neighborhood public school _____

In the interest of best serving your child, please check the boxes that are applicable;

- IEP 504 Plan Speech/Occupational Therapy Early Intervention (birth-3 program)
 Autism diagnosis ADD/ADHD diagnosis Sensory English as a Second Language
 Dyslexia or other challenges with reading History of trauma or mental health diagnosis

Other children living at home _____

name and age