



<b>OFFICE USE ONLY</b>	
DATE RECEIVED:	_____
OFFICE INITIALS:	_____
DATE STARTED:	_____

**BETHLEHEM CHRISTIAN ACADEMY**  
**“Beacon of Excellence”**

4 Harrison Bridge Road \* Simpsonville, South Carolina 29681  
 Academy Office Number: 864\*688\*0410 Fax Number: 864\*228\*1887  
 sjoseph@bbc1867.org  
[www.bca.edu.org](http://www.bca.edu.org)

**Personal Information**

Student’s Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Age: \_\_\_\_ Grade of Enrollment: \_\_\_\_ Sex: \_\_\_\_ Contact Number: (\_\_\_\_) \_\_\_\_\_

Father/Guardian’s Name: \_\_\_\_\_ Contact Phone #: (\_\_\_\_) \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Business Phone #: (\_\_\_\_) \_\_\_\_\_

Father/Guardian E-mail Address: \_\_\_\_\_

Mother/Guardian’s Name: \_\_\_\_\_ Contact Phone #: (\_\_\_\_) \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Business Phone #: (\_\_\_\_) \_\_\_\_\_

Mother/Guardian E-mail Address: \_\_\_\_\_

**Previous School Information**

School last attended: \_\_\_\_\_

Address of school: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Was student home schooled? \_\_\_\_ No \_\_\_\_ Yes, which grade(s) and what was the name of the enforcing school district governing home school requirements?  
 \_\_\_\_\_

Has student participated in standardized testing? \_\_\_\_ No \_\_\_\_ Yes, which test? \_\_\_\_\_

Has this student skipped or repeated any grades? \_\_\_\_ No \_\_\_\_ Yes, which grade (s) \_\_\_\_\_

Has this student ever been expelled or referred to administration for discipline? \_\_\_\_ No \_\_\_\_ Yes, Please explain.  
 \_\_\_\_\_  
 \_\_\_\_\_

**Referral**

How did you hear about BCA? \_\_\_\_\_