

## **Elementary New Student Registration Checklist**

Thank you for your interest in attending BCA!

The following items are posted on our website for your convenience:

- New Student Application
- Student Medical Information and Health History Form
- Teacher Assessment of Child
- Parent Assessment of Child
- Philosophy of Education
- Statement of Faith
- Parent Commitment
- School Fees and Financial Information

Please complete and/or submit the following items in order to be considered for enrollment at BCA. All of the items must be on file before a student is permitted to begin school.

- New Student Application
- Copy of photo id (passport, residency permit, etc.)
- Official Academic/Behavioral Transcript from school most recently attended
- Parent Commitment Form
- Student Medical Information and Health History Form with Immunization Records (DTP, MMR, and Polio are required prior to enrollment).
- Teacher Assessment of Child (if child has previously attended school)
- Parent Assessment of Child
- Registration Fee

All applications will be treated as confidential.

**New Student Application**

**Please print the following information:**

Date \_\_\_\_\_ Grade level for next school year \_\_\_\_\_

Family Name of Student \_\_\_\_\_

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Birth date Month \_\_\_\_ Day \_\_\_\_ Year \_\_\_\_ Male \_\_\_\_ Female \_\_\_\_

Place of Birth City \_\_\_\_\_ State \_\_\_\_ Country \_\_\_\_\_

Citizenship \_\_\_\_\_ Passport # \_\_\_\_\_

Date of Issue \_\_\_\_\_ Place of Issue \_\_\_\_\_ Expiration Date \_\_\_\_\_

Student's First Language \_\_\_\_\_ Other Languages Spoken \_\_\_\_\_

Primary Language Spoken at Home \_\_\_\_\_

Current Local Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

E-mail \_\_\_\_\_ Fax # \_\_\_\_\_

**FATHER**

**MOTHER**

**Name** \_\_\_\_\_

**Citizenship** \_\_\_\_\_

**Employer** \_\_\_\_\_

**Address** \_\_\_\_\_

**Office Phone** \_\_\_\_\_

**Religion** \_\_\_\_\_

**Parents' marital status (optional)**

\_\_\_\_ Married \_\_\_\_ Separated \_\_\_\_ Divorced \_\_\_\_ Remarried \_\_\_\_ Single

**Brothers and Sisters**

Name \_\_\_\_\_ Birth date \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Birth date \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Birth date \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Birth date \_\_\_\_\_ School \_\_\_\_\_

**Name and Location of Last Three Schools Attended (if applicable)**

1. Name \_\_\_\_\_ Location \_\_\_\_\_ Dates \_\_\_\_\_

Language of Instruction \_\_\_\_\_ Grade(s) Studied \_\_\_\_\_ Grades Completed \_\_\_\_\_

2. Name \_\_\_\_\_ Location \_\_\_\_\_ Dates \_\_\_\_\_

Language of Instruction \_\_\_\_\_ Grade(s) Studied \_\_\_\_\_ Grades Completed \_\_\_\_\_

3. Name \_\_\_\_\_ Location \_\_\_\_\_ Dates \_\_\_\_\_

Language of Instruction \_\_\_\_\_ Grade(s) Studied \_\_\_\_\_ Grades Completed \_\_\_\_\_

Has your child ever skipped or repeated a grade? \_\_\_\_\_

If yes, please explain \_\_\_\_\_

Has your child ever received remedial help, or been placed in a special education program?    \_\_\_ Yes        \_\_\_ No

If yes, please describe \_\_\_\_\_

Does your child have any physical, emotional or educational difficulties which may affect his/her performance in school?    \_\_\_ Yes        \_\_\_ No

If yes, please describe \_\_\_\_\_

Please describe any special factors in your child's life (e.g. absence of a parent, disability of a parent, debilitating accident or illness, adoption, etc.)

\_\_\_\_\_  
\_\_\_\_\_

Has your child ever been dismissed or suspended from school? If yes, please explain

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Has your child ever been arrested by the police or other law enforcement agencies?

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How did you first hear about Bucharest Christian Academy? \_\_\_\_\_

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Do you hold any doctrinal views that would affect your child's participation in an inter-denominational Christian school? (musical instruments, diet, physical education classes, etc.)

Yes       No      If yes, please explain \_\_\_\_\_

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**Parent(s)**

*"I understand that my child will be expected to abide by rules and regulations of Bucharest Christian Academy and I agree to fully cooperate. I also agree that I will be responsible to meet all financial obligations incurred by my child while he or she is enrolled at BCA"*

Signed (by parents or guardian) \_\_\_\_\_ Date \_\_\_\_\_

**Student Entering Above 6th Grade**

*"I understand that BCA is a Christian school and therefore I agree to cooperate with the staff and faculty of BCA and to abide by the rules of the school".*

Signed (by entering student) \_\_\_\_\_ Date \_\_\_\_\_

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**BCA use only**

**Paid**

**Method**

**Date**

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Bucharest Christian Academy, admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students of the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.

Str. Vasile Voiculescu Nr. 26  
Sector 3, Bucharest  
Romania

Phone: +40-21-323-5887  
Fax: +40-21-323-5999  
E-Mail: director@BCAromania.org

**Student Medical Information and Health History Form**

Please *carefully* complete the following information about your child's health. This is very important in case of an emergency.

Name of Student \_\_\_\_\_ Birth Date \_\_\_\_\_ Sex \_\_\_\_\_  
(day/month/year)

Parent(s) or Guardian(s) \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone # \_\_\_\_\_ Mobile Phone # \_\_\_\_\_

Business/office phone # \_\_\_\_\_ Email Address \_\_\_\_\_

Parent's Company/Organization \_\_\_\_\_

In the event of an emergency, if parent are not available, please notify:

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Physician (local) \_\_\_\_\_ Phone # \_\_\_\_\_

**Immunization Record**

**Vaccine Type**

**Month/Year each dose was administered**

	1 <sup>st</sup> dose	2 <sup>nd</sup> dose	3 <sup>rd</sup> dose	4 <sup>th</sup> dose	5 <sup>th</sup> dose	6 <sup>th</sup> dose
Diphtheria, Pertusses, and Tetanus (DPT/DT and/or DtaP)						
Polio—indicate if oral or inactivated monovalent or trivalent						
Measles						
Mumps						
Rubella (German measles)						
Other (please list)						

Indicate if the student has had any of the following (include date if known):

Illness	Date	Illness	Date	Allergies	Yes	No
Past concussions		Kidney disease		Asthma		
Past skull fractures		Fainting spells		Insects/bee stings		
Neck injury		Epilepsy or seizures		Hay fever		
Diabetes		German measles		Penicillin		
Chronic nose bleeds		Mumps		Sulfonamides		
Chicken pox		Scarlet fever		Aspirin		
Malaria		Rheumatic fever		Foods (list below)		

Date of last physical and vision screening: \_\_\_\_\_

(Physicals/vision checks are required before entrance to Kindergarten and 7<sup>th</sup> grade.)

List any food or other allergies or illnesses \_\_\_\_\_

Does your child wear eyeglasses/contacts? Yes \_\_\_ No \_\_\_

Does your child wear a hearing aid? Yes \_\_\_ No \_\_\_

Does your child take routine medications? Yes \_\_\_ No \_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

(If your child is on regular medication, we strongly recommend keeping a 3 day supply—labeled with name of child, name of medication, and dosage—at the BCA office. It will only be used in the event of emergency, and will be returned to you at the end of the school year.)

Has this child ever had any operations or serious injuries? Yes \_\_\_ No \_\_\_

If yes, please explain \_\_\_\_\_

Please indicate any other conditions or disabilities which would affect the student's participation in the total school program, including sporting activities: \_\_\_\_\_

May your child be given Tylenol (acetaminophen) or Advil (ibuprofen) at the receptionist's/Director's discretion? Yes \_\_\_ No \_\_\_

### Parent Authorization

In the event that I cannot be reached in an emergency, I hereby give permission for the school to secure treatment for my child named above and I assume financial responsibility for treatment.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

### Parent Commitment

Enrollment at Bucharest Christian Academy (BCA) includes a commitment on the part of the parents. It is important that the Christian perspective of the school be understood and supported. Please read the following statements and indicate your willingness to work within the parameters of the school and its policies.

1. I have read and understand the Statement of Faith and the Philosophy of Education.
2. I promise not to propagate or promote any religious views in the BCA community which are contrary to the school's Statement of Faith.
3. I understand that the school will seek to promote Christianity and Christian ideals in every facet of the school's life.
4. I understand that the school, through its teachings, will encourage but not coerce students to commit their lives to Jesus Christ.
5. I will do my best to support and encourage my child to mature in his/her Christian walk while attending BCA.
6. I promise to work with my child's teacher in all areas of instruction to make his/her years at BCA the best possible educational experience.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Parent's Name

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Parent's Name

In addition, I understand that Bucharest Christian Academy (BCA), although authorized to award an American Diploma of Completion, is not accredited according to the Romanian Ministry of Education. Therefore, BCA will not provide documents to any Romanian educational institution. For students transferring to schools outside of Romania, or international schools in Romania, BCA will forward any transcripts and report cards requested.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Parent's Name

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Parent's Name

**Parent Assessment**  
**(To be completed for students entering Kindergarten through Sixth Grade)**

Student's name \_\_\_\_\_ Date \_\_\_\_\_

My child is good at: \_\_\_\_\_

\_\_\_\_\_

My child learns new things best by: \_\_\_\_\_

\_\_\_\_\_

My child's attitude toward school is: \_\_\_\_\_

\_\_\_\_\_

With friends, my child likes to: \_\_\_\_\_

\_\_\_\_\_

With family, my child likes to: \_\_\_\_\_

\_\_\_\_\_

Alone, my child likes to: \_\_\_\_\_

\_\_\_\_\_

My child has problems with: \_\_\_\_\_

\_\_\_\_\_

We are concerned about: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent signature

Please feel free to write more or to add additional comments in other areas on the back.

**Teacher Assessment & Insights  
For Students Entering Kindergarten through Sixth Grade**

NAME OF APPLICANT: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

APPLICATION FOR GRADE: \_\_\_\_ I HAVE KNOWN THE APPLICANT FOR \_\_\_\_\_ YEARS/MONTHS.

MY RELATIONSHIP HAS BEEN THAT OF: \_\_\_\_\_ DATE \_\_\_\_\_

**TO THE TEACHER OR SCHOOL DIRECTOR:** We appreciate your insights concerning this child. This form is used with the understanding that your observations are limited to the school setting. All of your comments will remain confidential.

*Important: Place your check marks to the right, left or in the center of any column to reflect gradations within each category.*

<b>SOCIAL DEVELOPMENT</b>	Usually	Sometimes	Seldom
Is supportive of peers	1-----2-----3-----4-----5		
Is comfortable interacting with adults	1-----2-----3-----4-----5		
Appropriately handles frustration with peers	1-----2-----3-----4-----5		
Appropriately handles frustration with adults	1-----2-----3-----4-----5		
Plays well independently	1-----2-----3-----4-----5		
Works well independently	1-----2-----3-----4-----5		
Cooperates in classroom activities	1-----2-----3-----4-----5		
Cooperates in play	1-----2-----3-----4-----5		
Shares well	1-----2-----3-----4-----5		
Initiates play activities	1-----2-----3-----4-----5		
Is imaginative	1-----2-----3-----4-----5		
Has capacity to lead	1-----2-----3-----4-----5		
Has capacity to follow	1-----2-----3-----4-----5		

**PHYSICAL DEVELOPMENT**

Outstanding    Age-Appropriate    Needs Development

Small muscle control & coordination    1-----2-----3-----4-----5

Large muscle control & coordination    1-----2-----3-----4-----5

Eye-hand coordination    1-----2-----3-----4-----5

Use of Left and Right as references    1-----2-----3-----4-----5

General Health – circle one:    excellent    seldom ill    occasionally ill    frequently ill

Handedness – circle one:    left    right    ambidextrous    undecided

**INTELLECTUAL DEVELOPMENT**

Outstanding    Age-Appropriate    Needs Development

Attention Span    1-----2-----3-----4-----5

Concept of a Printed Word / Word Parts    1-----2-----3-----4-----5

Visual Discrimination    1-----2-----3-----4-----5

Auditory Discrimination    1-----2-----3-----4-----5

Spoken Vocabulary    1-----2-----3-----4-----5

Receptive Vocabulary    1-----2-----3-----4-----5

Concept of Number    1-----2-----3-----4-----5

**DAILY READINESS FOR LEARNING**

Usually    Sometimes    Seldom

Is bright-eyed and bushy-tailed (rested & fed)    1-----2-----3-----4-----5

Has all routine supplies    1-----2-----3-----4-----5

Has homework    1-----2-----3-----4-----5

Is dressed for learning atmosphere & weather    1-----2-----3-----4-----5

Is on time    1-----2-----3-----4-----5

Attendance – circle one: excellent    occasionally out    frequently out    out for non-health reasons

**PRE-ACADEMIC SKILL DEVELOPMENT**

Usually

Sometimes

Seldom

Is attentive	1-----2-----3-----4-----5
Listens in a group	1-----2-----3-----4-----5
Contributes to group discussion	1-----2-----3-----4-----5
Follows directions	1-----2-----3-----4-----5
Works cooperatively	1-----2-----3-----4-----5
Completes tasks	1-----2-----3-----4-----5
Can focus on one task	1-----2-----3-----4-----5
Respects classroom routines	1-----2-----3-----4-----5
Moves easily from one activity to another	1-----2-----3-----4-----5
Responds positively to constructive criticism	1-----2-----3-----4-----5
Is curious	1-----2-----3-----4-----5
Is willing to try new activities	1-----2-----3-----4-----5
Is a self-starter	1-----2-----3-----4-----5
Exhibits problem solving abilities	1-----2-----3-----4-----5
Expresses ideas well	1-----2-----3-----4-----5
Enjoys new challenges	1-----2-----3-----4-----5
Appropriately handles frustrations with new learning or tasks	1-----2-----3-----4-----5
Uses age-appropriate phonics skills	1-----2-----3-----4-----5
Uses age-appropriate context cues	1-----2-----3-----4-----5
Uses age-appropriate number concepts	1-----2-----3-----4-----5
Uses age-appropriate computation	1-----2-----3-----4-----5
Uses resources (supplies or help) wisely	1-----2-----3-----4-----5

1. List this child's three favorite activities.
  
  
  
  
  
  
  
  
  
  
2. In your view, what are this child's particular strengths?
  
  
  
  
  
  
  
  
  
  
3. What delights you about this child?
  
  
  
  
  
  
  
  
  
  
4. To help us ascertain whether we can meet any special needs this child may have, please share any significant weaknesses or problems with which you are familiar.
  
  
  
  
  
  
  
  
  
  
5. To your knowledge, has this child ever been evaluated for any physical, emotional or academic reasons? Would you recommend any such (re-)evaluation? Please clarify.
  
  
  
  
  
  
  
  
  
  
6. What is the level of family cooperation and involvement with the school?
  
  
  
  
  
  
  
  
  
  
7. Is the family aware of and supportive of the school's homework policy (when applicable) & communication practices?
  
  
  
  
  
  
  
  
  
  
8. Circle any words that may help describe this applicant:  
aggressive      anxious      articulate      cheerful      disobedient  
organized      follower      honest      influential      under-achieving  
responsible      perfectionist      manipulative      social      over-protected  
vivacious      determined      well-liked      self-centered      self-disciplined  
spiritual      irritable      shy      passive-resistant

Please make any additional comments you feel are appropriate.

May we call you to discuss this child if we have further questions?      Yes       No

Telephone number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

School: \_\_\_\_\_ Position \_\_\_\_\_

**Please return the completed form directly to:  
Bucharest Christian Academy.  
Str. Vasile Voiculescu Nr. 26  
Sector 3, Bucharest  
Romania**

**THANK YOU very much for taking the time to complete this assessment. We value your professional expertise and direct insight. Your efforts will further the appropriate placement of this applicant.**