

Secondary (Grades 7-12)
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
- 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).
- 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

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

How did you first hear about Bucharest Christian Academy? _____

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 _____

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 _____

BCA use only

Paid

Method

Date

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.

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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 st dose	2 nd dose	3 rd dose	4 th dose	5 th dose	6 th 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 7th 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