

APPLICATION ADMISSION 20__

BETHEL JUNIOR ACADEMY

2850 Ave F, Riviera Beach, FL 33404

TEL: (561) 881-0130 FAX: (561) 881-7098 www.betheljunioracademy.org

A non-refundable application fee of \$25 must accompany this form

Date ____/____/____ Gender: M or F Last Grade Attended _____

Student's Name _____
Last First Middle

Address _____ FL, _____

Cell# (____) ____-____ Home # (____) ____-____ Email _____

DOB ____/____/____ Present Age _____ Social Security _____-____-____

Family Info	Father/Guardian	Mother/Guardian
Name		
Address (If different)		
Work Phone #		
Cell Phone #		
Occupation		
Social Security #		
Baptized SDA	Yes or No	Yes or No
Church Attending		
Marital Status	Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Remarried <input type="checkbox"/> Deceased <input type="checkbox"/>	
Student Lives With	Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/>	

Name and Address of last school attended: _____

_____, _____, _____
Street City State Zip Phone #

Parent Agreement: I approve and endorse this application of my son/daughter (or ward) and, as a condition of his/her acceptance as a student, I hereby guarantee to Bethel Junior Academy payment of his/her tuition, school fees, and any other expenses that he/she may incur on account with the school, recognizing the right of the school to exclude any student whose account is not kept up to date. I agree that no transcript or grade information will be released until said account is paid in full. In addition, I hereby agree to know and abide by the policies, philosophy, and regulations of Bethel Junior Academy and will see that my son/daughter also abide by them.

Parent's Signature Student's Signature Date