



BETHEL ADVENTIST CHURCH SCHOOL

489 S KINGS HWY
TEXARKANA, TX 75501

REGISTRATION FORM

Date of application _____
New Student _____ Returning Student _____

STUDENT INFORMATION

Full Name _____
Date of Birth ____ / ____ / ____ Place of Birth _____
Gender Male Female
Home Address _____
City, State, Zip _____ Student SSN _____
Phone Number _____ Email _____

CONTACT INFORMATION

Parent/Guardian Name _____
Home Phone _____ Work/Cell Phone _____
Emergency Contact Name _____ Emergency Phone _____
Relationship to Student _____ Alternate Phone _____

AFFILIATION AND SCHOOL HISTORY

Is the student sponsored by an Adventist church member? Yes No
Is the student a baptized member of the Adventist church? Yes No
Most recent school attended:

School Address _____ Grade entering: _____

MEDICAL INFORMATION

Is your child in need of medication at school? Yes No
If yes, please explain

Do you have any other medical issues or allergies we should know about your child? If yes, please explain Yes No

Doctor name: _____ Phone number: _____



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PARENT INFORMATION

Father's Name _____	Mother's Name _____
Phone number _____	Phone number _____
Occupation _____	Occupation _____
Work number _____	Work number _____
Work Address _____	Work Address _____
Religious Affiliation _____	Religious Affiliation _____

EMERGENCY CONTACTS

Emergency Contact 1: _____
 Relationship to Student _____ Emergency Phone _____
 Emergency Contact 2: _____
 Relationship to Student _____ Emergency Phone _____

AUTHORIZED PICK-UP

Name _____	Name _____	Name _____
Relationship _____	Relationship _____	Relationship _____
Phone number _____	Phone number _____	Phone number _____

MEDICAL INFORMATION

As a student of Bethel Adventist Church School, I pledge to uphold school policies and procedures, cooperate respectfully with staff and fellow students, maintain a Christian attitude of love and integrity in all interactions, and strive diligently in my academic pursuits. I will attend classes punctually, participate actively, and complete assignments to the best of my ability. I understand my responsibility to contribute positively to our school community and accept accountability for my actions. By signing below, I affirm my commitment to embodying the values of Bethel Adventist Church School and fostering an environment of learning, respect, and faith.

Student Signature _____ / /

As a parent/guardian of a student enrolled at Bethel Adventist Church School, I commit to supporting the mission and values of the school community. I will ensure that my child adheres to school policies and procedures, cooperates respectfully with staff and peers, and maintains a Christian attitude of kindness and honesty. I will encourage and support my child in their academic endeavors, ensuring they attend classes punctually, participate actively, and complete assignments to the best of their ability. I understand my responsibility to uphold financial obligations to the school promptly and communicate any concerns or needs regarding my child's education to teachers and administrators. By signing below, I affirm my commitment to partnering with Bethel Adventist Church School in nurturing a supportive environment where each student can grow spiritually, academically, and socially.

Parent Signature _____ / /