



Beth Haven Baptist Academy

12400 S. Western Ave, OKC, OK 73170
405-691-6990

Enrollment Forms Checklist for (student name): _____

- _____ Online Registration Form
- _____ Online Student's Standard of Conduct Form

- _____ Form 7 - Consent to Treatment of Minors
- _____ Form 11 - Records Release
- _____ Form 12 - Medical Release Form
- _____ Form 13 - Immunization Record
- _____ Form 14 - Pastor's Recommendation
- _____ Student Commitment Form
- _____ Parent Commitment Form

_____ Report Card of Last School Attended

_____ Health Examination

_____ Birth Certificate (if required in your state)

_____ Out-of-State TB Test (if required in your state)

Students currently holding a visa from U.S. Immigration Service
A U.S. student who has resided outside the U.S. for > 8 weeks continuously
Students with a health/medical condition that suppresses the immune system
Students with known exposure to someone with active tuberculosis disease

For Office Use Only

Date Completed: _____

Checked By: _____



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Date _____

School Name

Mailing Address

City and State

ZIP

Dear Counselor,

My child(ren) has (have) been withdrawn from your school. Please release their academic and health Records to the following school. Thank you.

Accepting School	
_____ School Name	
_____ Address	
_____ City and State	_____ ZIP

Student name(s):

Last, first	/	/	Grade level at withdrawal
Last, first	/	/	Grade level at withdrawal
Last, first	/	/	Grade level at withdrawal
Last, first	/	/	Grade level at withdrawal
Last, first	/	/	Grade level at withdrawal

Parent's Signature or legal guardian

Principal's Signature

Date

Date

Form 12 - Medical Release Form/Notary Public

I hereby give my consent for the below named student to accompany Beth Haven Baptist Academy, as a member, to other schools and activities. I also give consent authorize the school, or its representatives, to obtain, through a physician of its choice, such medical attention as is reasonable and necessary for the welfare of my child, if he/she is injured or ill while in the course of school activities.

Name: (first) _____ (middle) _____ (last) _____

Medications student is allergic to:

Insurance Carrier _____

Medical Plan Number _____

Father's Signature or legal guardian

Mother's Signature

Date _____

Date _____

Address: _____

STATE OF OKLAHOMA
County of _____

Before me, the undersigned, a notary public, in and for the said county and state on this _____ day of _____, _____. Given under my hand and seal the day and year written above.

NOTARY PUBLIC

My commission expires
My commission # is

Form 13 - Immunization record

This record is part of the student's permanent record (cumulative folder) as defined in the Education Code and shall transfer with that record. Local health departments shall have access to this record.

VACCINE	DATE EACH DOSE WAS GIVEN				
	1 st	2 nd	3 rd	4 th	5 th
POLIO (OPV or IPV)					
DTP and/or DT / Td					
MEASLES (Rubella 10-day, red measles)			Some vaccines are available in combination with others such as measles and rubella (M-R) and measles, mumps, and rubella (M-M-R). If the student received any combined vaccine, enter the date in each appropriate box. T.B. Test Date: _____ Neg _____ or Pos _____		
RUBELLA (German measles, 3-day measles)					
MUMPS					

To the best of my knowledge, the above information is true and accurate.

 Father's Signature or legal guardian

 Mother's Signature

 Date

 Date



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Dear Pastor,

_____ is seeking admission to Beth Haven Baptist Academy. As stated in our letterhead we are striving for academic excellence and to build Christian character. In order to help us achieve these goals, we ask that each student be faithful in church attendance and in church activities.

Please feel free to comment as desired:

Is this student faithful in church attendance? _____

As far as you know, is this student of good moral character _____

Pastor’s Signature

Name

Church Name

Thank you.

"Parent Commitment Form"

As the parent of one or more children enrolled at Beth Haven Baptist Academy, I agree to cheerfully support the decisions of the BHBA Staff,

Administrator, and Pastor as well as the information contained within this handbook and to direct any questions/concerns I may have to the **Administrator**.

I UNDERSTAND that my signature below testifies to the fact that I have read all the information contained within this handbook.

I UNDERSTAND that for me to add my signature to this statement having NOT read the entire handbook is dishonest, deceptive and hypocritical.

FATHER: _____

MOTHER: _____

Date: _____

*This page is a copy to keep in school office

**One copy of this form will be placed in your child's file
(signed & dated)

"Student Commitment Form"

I UNDERSTAND that my signature below testifies to the fact that I have read (or have had read to me) all information within the Beth Haven Baptist Academy handbook and I hereby agree to cheerfully abide by its policies and procedures to the best of my ability.

I UNDERSTAND that for me to add my signature to this statement having NOT read the entire handbook is dishonest, deceiving, and hypocritical.

Name:

Date: _____

*This page is a copy to keep in school office

**One copy of this form will be placed in each student's file
(signed & dated).

If additional names are to be signed please sign below.
