



# Beth Haven Baptist Academy

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

Re-enrollment Forms Checklist for (student name): \_\_\_\_\_

- \_\_\_\_\_ Online Registration Form
- \_\_\_\_\_ Online Student's Standard of Conduct Form
  
- \_\_\_\_\_ Form 7 - Consent to Treatment of Minors
- \_\_\_\_\_ Form 12 - Medical Release Form
- \_\_\_\_\_ Student Commitment Form
- \_\_\_\_\_ Parent Commitment Form

\_\_\_\_\_ **Immunization Book**

Oklahoma's Immunization Act (10.2k.pdf) was passed by the state legislature in 1970. It requires all students to meet immunization requirements before they enter or attend any public or private school in the state. The law states that the Oklahoma State Board of Health will establish the regulations specifying which vaccines and how many doses of each vaccine are required (unless they obtain an exemption).

\_\_\_\_\_ **Health Examination**

## For Office Use Only

Date Completed: \_\_\_\_\_

Checked By: \_\_\_\_\_



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

## **"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.

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## **"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)