



BETA ACADEMY

.....
9701 Almeda Genoa
Houston, TX 77015

Student Name _____
Date of Application _____
School Year _____
Grade Level _____

FOR OFFICE USE ONLY

Date Application Received	
Date Accepted	
Grade Placement	
Application Fee Received	
Registration Fee Received	
Curriculum Fee Received	

Special Instructions:

Thank you for your interest in Beta Academy. We are excited about the opportunity to offer quality Christian education to young people and children whose parents seek an alternative to secular educational systems. Because of space limitations and standardized student-teacher ratios, we can accept only a certain number of students.

Please fill out the application forms *completely and accurately* and return them to the school as quickly as possible. Incomplete applications or applications which are missing requested materials will not be considered for review. The admissions committee will review each completed application and will contact you regarding the next step in the application process – the interview.

If you have any questions, please feel free to call the school office at 832-656-5841.

NOTICE OF NON-DISCRIMINATION POLICY

Beta Academy does not discriminate on the basis of race, color, or national and ethnic origin in the administration of our educational policies, employment practices, admission policies, scholarship and loan programs, athletic and other school administered programs.

ADMISSIONS PROCEDURES

Submit:

1. A completed application.
2. A copy of the prospective student's latest standardized test results.*
3. A copy of the latest report card from the present school.*
4. A copy of the latest transcript from the present school. If you are unable to obtain this item, BA will formally request it upon enrollment of your student.*
5. A copy of the latest immunization record.
6. The notarized Medical Treatment Release form.
7. \$250 new student registration fee (\$50 is due with the application and non-refundable) and \$150 curriculum fee.
8. The school will call to schedule an interview with the parents and student.
9. The full registration fee must be paid before enrollment can be finalized.
10. Please read the BA Student Handbook.
11. Please sign and return with this application the enclosed consent and agreement forms.

** This item not required if the applicant is beginning kindergarten for the first time.*

Please Note:

Beta Academy recognizes that it cannot meet the educational and/or behavioral needs of all children. Beta Academy is a school offering a high quality of Christian training and academic instruction but is not designed to be a correctional institution for problems arising beyond those usually encountered in average school children. Some children may require services which are not available through the Beta Academy educational system, but which are essential in order for the child to benefit from his/her educational experience. The school, therefore, reserves the right to recommend placement elsewhere, to deny enrollment in BA, and to dismiss a student from BA whenever deemed necessary by the school administration.

STATEMENT OF SUPPORT

Students are expected to abide by the standards of conduct outlined in the Beta Academy handbook throughout their enrollment, whether at home, church, or elsewhere. Students found to be out of harmony with the church-school ideas of work and life may be asked to withdraw whenever the administration determines that it is necessary.

As a student of Beta Academy, I pledge to uphold this church-school's standards against cheating, swearing, smoking, gambling, dancing, drinking alcoholic beverages, engaging in premarital sex, obtaining or viewing pornographic or sexually explicit literature, visiting or promoting pornographic or sexually explicit web sites, using or talking favorably about narcotics, using indecent language, or participating in verbal or behavioral harassment of others, whether such harassment can be construed as sexual or otherwise. I will maintain Christian standards in courtesy, kindness, morality, and honesty. I will strive to be of unquestionable character in dress, conduct, and other areas of my life. I will abide by these standards both on campus and off campus while enrolled in Beta Academy.

I agree to abide by the above standards of conduct and other regulations expected of each student enrolled in this Christian education program while I am a student attending Beta Academy. I will not give the impression to students, parents, or faculty that I am not in harmony with the goals, aims, and standards of this church-school.

I understand that discipline is primarily a parental responsibility and that it is up to the parents to ensure that the students behave properly. Parents do not relinquish their responsibility to the school. Rather, the school is here to support the parents in their discipline. Parents must not have the attitude: "I can't do a thing with him; I hope you can make him mind." If the school and the home are not working together on discipline, whatever the school does will be ineffective. While the responsibility for discipline and compliance of the student rests with the parents, parents and teachers must fully cooperate with one another. I support the school's discipline code and decisions of staff members regarding the correction and discipline of my student because I have engaged their help in training my child. Mutual understanding can be gained by conferring with and praying for one another.

As this student's parent, I agree to expect and to require him/her to comply with all school staff member requests and handbook policies.

Signature of Student
(Signature of parent for students in grades K-2.)

Date

Parent Signature

Date

Parent Signature

Date

MEDICAL TREATMENT RELEASE

I/We, _____,

Soc. Sec. # (of insured parent) ____ - ____ - ____ parents or legal guardians of _____

_____, address _____

(city) _____ (state) _____ (zip) _____, home phone ____ - ____ - _____, hereby give our legal consent and permission to the representative of Beta Academy to seek and obtain any medical care and/or treatment for said child, while the child is in their care. They also have our full consent and permission to sign any authorization forms necessary to obtain this medical care and/or treatment.

Signature of Father/Legal Guardian

Date

Signature of Mother/Legal Guardian

Date

Subscribed and sworn to before me, by _____,
this _____ day of _____, in the year of _____.

Notary Public in and for the State of Texas

Notary's Printed Name

Commission Expiration Date

*(Never sign an official document until you are standing before the notary. You **MUST** be present to have your form notarized!)*

PRIOR SCHOOL INFORMATION

Last School Attended: _____ Telephone: _____

Address: _____ City: _____ State: _____ Zip: _____

Reason for Leaving: _____

Has the student experienced any problems in relation to drugs, alcohol, smoking, law enforcement agencies, school expulsion, etc.? (not disclosing information may result in expulsion): **YES** (if yes, explain) _____ **NO** _____

SPECIAL HEALTH OR EDUCATION REQUIREMENTS

Special Education Needs (reading, speech, gifted, SLD, LD, ADHD, etc.): _____

Specialist Involved: _____ Telephone: _____

Physical Handicaps or Limitations (glasses, scoliosis, hearing, etc.): _____

Doctor Involved: _____ Telephone: _____

Dismissal from Physical Education? **YES** (requires note from doctor) _____ **NO** _____

Emotional or Psychological Needs (past or present treatment): _____

Psychiatrist/Psychologist/Therapist involved: _____ Telephone: _____

Special Medications (allergies, asthma, etc.): _____

Doctor Involved: _____ Telephone: _____

Dismissal from Physical Education? **YES** (requires note from doctor) _____ **NO** _____

EMERGENCY INFORMATION

Emergency Contacts (Emergency Contacts other than Parents)

Contact Name: _____ Relation: _____

Home Phone: _____ Business Phone: _____ Mobile Phone: _____

Contact Name: _____ Relation: _____

Home Phone: _____ Business Phone: _____ Mobile Phone: _____

Contact Name: _____ Relation: _____

Home Phone: _____ Business Phone: _____ Mobile Phone: _____

Medical Contacts

Physician: _____ Phone Number: _____

Dentist: _____ Phone Number: _____

Hospital: _____ Phone Number: _____

Insurance: _____ Phone Number: _____

Policy Number: _____

Pickup Information (People Authorized to pickup children from school)

Name: _____ Phone: _____ License: _____

Tag: _____

Notes:

Name: _____ Phone: _____ License: _____

Tag: _____

Notes:

Name: _____ Phone: _____ License: _____

Tag: _____

Notes:

CONSENT | INCLUSION

- in BA Staff & Student Directory
- in BA Publications
- Consent to use Internet

I hereby give permission for my child _____ to be included in BA directories and publications as well as consent to use the school-networked computers to sign on to the internet for school purposes only.

Signature of parent

CONFLICT RESOLUTION AND ARBITRATION AGREEMENT

I hereby give permission for my child/ children, _____

to be included in the BA Directory.

I have read the Beta Academy Conflict Resolution and Arbitration Agreement in the BA Student Handbook. My signature here affirms my understanding of its content and my promise to abide by this agreement in the event that a conflict could not be resolved after a conference with the school administrators.

Signature of parent

Date

Witness (BA Staff Member)

Date