

BRIARWOOD CHRISTIAN SCHOOL
2204 Briarwood Way
Birmingham, AL 35243
United States of America

FOR OFFICE USE ONLY:
Date and Amount Received

INTERNATIONAL STUDENT APPLICATION FORM

(Please print or type.)

I. STUDENT INFORMATION:

Student's Name _____

Last

First

Middle

Student's Preferred Name _____ **Student's Age** _____

Date of Birth _____ **Male** _____ **Female** _____

Month Day Year

Country of Birth _____ **Country of Citizenship** _____

Social Security Number- if applicable _____

Grade Applied For: _____ **Year Applying For:** _____

Brothers and Sisters:

Name

Age

Grade

School

II. PARENT/ GUARDIAN INFORMATION _____ Parent _____ Guardian

Did either parent graduate from Briarwood High School? _____ When? _____

Father _____ Mother _____ If mother, give her maiden name _____

Father's (or Guardian's) Name _____

Last

First

Middle

Address _____

City _____ Province _____

Country _____ Zip _____

E-mail Address _____ Home Telephone _____

Cell Telephone _____ Business Telephone _____

Employer _____ Occupation _____

Mother's Name _____
Last First Middle

Address _____

City _____ Province _____

Country _____ Zip _____

E-mail Address _____ Home Telephone _____

Cell Telephone _____ Business Telephone _____

Employer _____ Occupation _____

Student lives with _____

III. EDUCATIONAL INFORMATION

List all schools attended including Kindergarten

<u>NAME OF SCHOOL</u>	<u>CITY, STATE, COUNTRY</u>	<u>GRADES ATTENDED</u>
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Mailing address of most recent school _____

Current Guidance Counselor's Name and E-mail address _____

Has this student been retained in a grade? _____ If yes, which grade? _____

Give a brief explanation _____

Has this student been suspended from a school? _____

Please describe the nature of any previous disciplinary problems _____

IV. MEDICAL INFORMATION

Please identify any/all physical, mental, or emotional needs of this student

Does this student have any physical or emotional problem which requires special medication? _____ if yes, please give a brief explanation _____

Is this student allergic to any medications? _____ If so, what? _____

V. OTHER DATA

Do you consider your home a Christian home? _____

What church do you attend? _____

Are you a member? _____

Which most accurately describes your church attendance?

_____ a. Active in the church _____ c. The children attend Sunday School.

_____ b. Attend occasionally _____ d. Do not attend more than a few times a year.

Explain briefly why you want a Christian education for your child(ren).

What do you expect Briarwood Christian School to do for your child?

How did you hear about Briarwood Christian School? _____

Did you receive the Statement of Philosophy for Briarwood Christian School? _____

Briefly describe any special extra-curricular interest, hobby, talent, or aptitude that this student has: _____

VI. CONSENT FOR MEDICAL TREATMENT

In the event that my child becomes ill or is injured while under School supervision, I approve the School authorities taking the following actions:

- Call Emergency 911 if School officials believe it is warranted.
- Contact a parent or legal guardian of the student.
- In the event of an emergency when neither parent nor legal guardian can be reached immediately, the School authorities are hereby authorized to use their best judgment in contacting a properly licensed physician or in transporting my child to the nearest clinic or hospital for consultation and/or treatment. Such transporting is to be done by ambulance or by School-provided transportation, if School officials believe it is necessary.

For information only, the name of the child's physician is _____
and the telephone number is _____

If, in the opinion of a properly licensed and practicing physician, my child needs medical or surgical services which require my consent before being supplied, and I cannot be reached; I hereby authorize, appoint, and empower the Principal or his designated representative to furnish on my behalf such written or oral authorization as may be so required.

Furthermore, I release the Principal or his designated representative, Briarwood Christian School and Briarwood Presbyterian Church from any liability which might arise as the result of medical service and treatment provided by any hospital or physician pursuant to such authorization, it being my desire that my child be furnished with such medical or surgical services as soon as possible after the need arises. I agree to be responsible for any cost of medical service or treatment of my child or children as the result of the above authorization and agree to indemnify and hold harmless Briarwood Christian School, the Principal or his representative from any expenses incurred for said treatment or services.

Parent's Signature _____ Date: _____

Parent's Signature _____ Date: _____

Legal Guardian's Signature _____ Date: _____

VII. PARENT OR GUARDIAN AGREEMENT

Admissions Policy

- a. All applications are made to the governing authority of Briarwood Christian School which reserves the right to accept or reject any application.
- b. Applicants agree to abide by all of the School rules and regulations, including provisions for the dress code and discipline. Briarwood Christian School has full discretion in the discipline of students while at the School, including paddling.
- c. Parents of applicants agree that their student/s will receive instruction in the Christian Faith, and understand that the School will endeavor to be guided by a Christian worldview in all of its programs and activities.
- d. Briarwood Christian School admits students of any race, color, or national and ethnic origin to all rights, privileges, programs and activities generally accorded or made available to students of the School. Briarwood Christian School does not discriminate on the basis of race, color, or national and ethnic origin in administration of its educational policies and admission.

Financial Terms

- a. Students are enrolled for the entire year and the parent or guardian is responsible for prepayment of the **annual** tuition and fees (capital improvement, etc.) within two weeks of acceptance to BCS.
- b. Application Fee - Grades 9 - 12 --- \$150.00 (Non-refundable) A \$150.00 Application Fee must be submitted with the Student Application Form for students entering Grades Nine through Twelve. This fee is non-refundable.
- c. A finance charge of 1½% (annual rate 18%) is assessed each billing cycle on a balance due from the previous billing. A charge of \$25.00 is assessed for each returned check.
- d. The balance of the Initial Registration Fee must be paid within thirty (30) days of the date of acceptance to the School.
- e. An International Student Fee of \$2,500 is charged to all non-immigrant visa students for each school year in which they enroll in Briarwood Christian School. The fee must be prepaid with the registration form, or in the case where school has begun, payment must be received before the student is allowed to attend classes. This fee is non-refundable.

I hereby certify that I have read this Student Application Form, including the Consent for Medical Treatment and the Parent or Guardian Agreement, and I do agree to comply with the terms and conditions stated therein and furthermore accept the conditions and requirements of all other official policies and procedures of Briarwood Christian School, including the payment of all fees and charges according to the published schedule of the School.

This application cannot be processed until the application fee is paid in full and the parents or guardians of the student have signed the application.

Legible Copy of Student's Passport must be provided upon acceptance.

Parent's Signature _____ Date _____

Parent's Signature _____ Date _____