

BILLINGS CHRISTIAN SCHOOLS

**RIMROCK CHRISTIAN HIGH SCHOOL
RIMVIEW CHRISTIAN ELEMENTARY SCHOOL
4519 Grand Ave, Billings, MT 59106**

Phone: (406) 656-9484

Fax: (406) 655-4880

Email: secretary@billingschristianschool.org

Web Site: www.billingschristianschool.org

Office Use Only	
Entering Grade _____	
<input type="checkbox"/> Previous records	<input type="checkbox"/> Immunization records
<input type="checkbox"/> Registration paid	<input type="checkbox"/> Cooperative agreement signed
<input type="checkbox"/> Medical records	<input type="checkbox"/> Approved for admission/enrollment

STUDENT ADMISSION APPLICATION

Please Print

Grade Applying For _____ **Date:** _____

Student's Name – First _____ Middle _____ Last _____

Address _____ Zip Code _____

Home Phone _____ Student's Social Security Number _____

Male Female Date of Birth _____ Age: _____ Current/Last Attended Grade _____

Birthplace _____ Language Spoken at Home _____

Name(s) of Brother(s) and/or Sister(s)	Age	Grade	School Attending

Student lives with: Both Parents Father Mother Joint Custody Guardian Stepparent

How did you hear about our school? _____ Internet _____ Yellow Pages _____ Advertisement _____ Church _____ Family or Friend (Name: _____)

_____ Other (Please specify _____)

Please rank (#1 - #6) the following reasons for seeking enrollment at Billings Christian Schools (#1 being most important)

____ Quality Academics ____ Location ____ Christian Emphasis ____ Cost ____ Safety

____ Other _____

How would you like us to help your child? _____

Have there been any difficulties or crises in the student's family (accidents, traumatic experiences, medical conditions, etc.) that may have affected the emotional well-being of the student? Yes No Please explain. _____

What other information can you provide about your child that would be helpful for us to know? _____

Please explain why you wish to have your child enrolled at Billings Christian Schools. _____

Unless indicated below, your family's names **will be** included in the school directory and pictures **may be used** for school purposes.

DO NOT INCLUDE our family in the school directory. _____

DO NOT USE PICTURES of my child/children for school purposes. _____

DO NOT USE PICTURES of my child/children on the school website. (*no names will be used on the website with the pictures*) _____

If you **would** like to be included in the school directory, please indicate how you would like your information to appear.

Second listing, if applicable:

Parent Name _____

Parent Name _____

Address _____

Address _____

Phone _____

Phone _____

Student(s) _____

Student(s) _____

I understand that no academic records including, but not limited to, transcripts and report cards will be issued/transferred if my account is not current. I do hereby attest that the information provided above is accurate and complete. Date: _____

Father/Male Guardian's Signature

Mother/Female Guardian's Signature

Billings Christian Schools Corporation does not discriminate on the basis of race, color, national, or ethnic origin in the administration of its educational policies, admission policies, scholarship programs, or other school-administered programs.