

To: Prospective BCS Family Members
From: Stephen Meier, Head of School
RE: Enrollment at BCS

Dear Family,

BCS offers you a remarkable educational package. Consider these things:

- **Christ-Centered Education:** Every aspect of the BCS experience is grounded in a Christ-centered, eternal perspective reflecting the values you prize at home. We count it a privilege to pour ourselves into each child – nurturing, caring, guiding— because we believe in the high calling God has pre-ordained for each one of them.
- **Strong Academics:** Quality instruction supported by fair, consistent discipline gives students a framework in which to excel. Enrichment programs enhance the curriculum at every grade level. Smaller classes provide the optimum educational advantage.
- **Accreditation:** BCS is fully accredited by Association of Christian Schools International (ACSI) for K-12th grade. ACSI is one of the most rigorous accrediting agencies in the world. BCS coursework exceeds state requirements and is recognized by all accredited post-secondary institutions.
- **Athletic Opportunities:** For a small school, BCS manages an exciting sports program involving students grades 7-12. BCS has often ranked high in district, regional and state competitions. Check out the banners in our gym!
- **Resource Center:** Blessed with remarkable special-needs teachers, BCS offers a menu of services for exceptional learners through our Resource Center.
- **Family Environment:** From preschool through high school, BCS students enjoy one busy, joyful campus! Come see for yourself! We welcome parental involvement, seeking to honor your position and authority in all we do.
- **Qualified, Godly Teachers:** BCS teachers teach here because they believe in the eternal significance of our program. They hold degrees from top universities and are certified through ACSI.

As parents, we have no more significant responsibility than to raise up our children in the wisdom and grace of God. At BCS, we will partner with you in this process, focusing all efforts into all that is best for your child. We hope you will allow us that opportunity!

In His Service,



Stephen Meier

ADMISSION PROCEDURES

Step 1: Fees, Application & Other Documents

1) FEES: (See current Tuition and Fee Schedule)

- Application Fee (Non-refundable/Non-transferable, regardless of admission decision)
- Registration Fee: (Due with application fee upon submission of the enrollment application)
- Facility Fee: (Due either with registration fee or can be rolled into tuition)

2) APPLICATION FORMS

- Admissions Packet
- **Recommendation forms.** Elementary students need only a recommendation from their most recent Elementary teacher. Secondary students (7th-12th) need one from each of the following: Principal, Counselor, Math teacher, and English teacher. Recommendation form is included in the Admission Packet.

3) DOCUMENTATION

Clear **COPY** (no originals please) of the following documents:

- Report card (current year) for elementary, Official transcript including summer school and dual credit classes for high school students
- Official birth certificate (Not a hospital certificate, etc.)
- Current immunization record
- Picture of student

Step 2: Interview and Testing

Admission testing will be required for placement and/or acceptance of students. Tests are given by appointment and at the discretion of the administration.

Transcripts will be evaluated for students entering 9th – 12th grades to ensure that graduation requirements can be met within the BCS class schedule.

After receipt of ALL the documents and fees listed in Step 1 and the testing is complete, the administration may conduct a parent and student interview. The Admissions Office will contact the parents to schedule the interview appointment only upon completion of Step 1 (including receipt of Recommendation forms if applicable).

Step 3: Notification and Finalization

The school will contact the parents in writing after the interview and testing is completed. The Admissions Committee determines the final decision.

TUITION & FEES
Tuition

	Annual Tuition Must be Paid by 7/31/12 \$100 Discount if paid in full by 6/1/12	Payment by Semester Fall Semester Due by 7/31/12 Spring Semester Due by 1/2/13	12 Month Plan Payments 6/5/12 to 5/5/13 Plus \$38 Set-up Fee Must enroll by 5/1/12	10 Month Plan Payments 8/20/12 to 5/20/2013 Plus \$38 Set-up Fee Must enroll by 6/8/12
PK ½ day: 2 Day	\$1,400	\$700	\$116.67	\$140
PK ½ day: 3 Day	\$2,190	\$1095	\$182.50	\$219
PreK 1/2 Day	\$3,650	\$1,825	\$304.17	\$365
PreK Full Day	\$4,350	\$2,175	\$362.50	\$435
K 1/2 Day	\$5,650	\$2,825	\$470.84	\$565
K Full Day	\$6,300	\$3,150	\$525.00	\$630
1-6 Grades	\$6,300	\$3,150	\$525.00	\$630
7-12 Grades	\$6,740	\$3,370	\$561.67	\$674

Multiple Child Discount

Families with three or more children in one household are eligible for multiple child discounts for tuition. Discounts are applied to the youngest enrolled child(ren). Multiple Child Discount does not apply to fees.

3 rd child	Subtract 15% of this student's tuition
4 th child	Subtract 45% of this student's tuition
5 th & subsequent children	Annual tuition is capped at \$3,000 per child for the 5 th & subsequent children

Application Fee

Non-refundable fee covers records, interviews, testing, etc. Fee is due upon receipt of application.

PreK	\$75	K-12 Grades	\$100
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Registration Fee

	Feb 17	Feb 21-Mar 16	Mar 19-Apr 13	Apr 16
	Re-enrollment Day for Returning Students & Siblings	Early Registration for Returning Students & Siblings	Regular Registration Enrollment open to the Public	Late Registration for Returning Students
PreK	\$75	\$125	\$150	\$150
K-6 Grades	\$175	\$225	\$250	\$300
7-12 Grades	\$225	\$275	\$300	\$350

Facilities Fee

Non-refundable fee covers facilities, labs, technology and student's admission to all TAPPS regular season Home Athletic events. Fees are due with the registration fee or can be added to tuition.

PreK 1/2 Day	\$75
PreK Full Day	\$100
K 1/2 Day	\$130
K Full Day, 1-6 Grades	\$230
7-12 Grades	\$310

**Stay & Play for Pre-school
2 and 3 program day only**

PK ½ Day, 2 Day Program: Thur 12:00-2:00	\$20
PK ½ Day, 3 Day Program: Wed 12:00-2:00	\$20
Payment due on the day the student stays	

Miscellaneous Fees

PE Uniforms (7-12 grade PE students only)	\$20 each	Due at the beginning of school
Field Trips Shirts (PreK-12 grades required)	\$15 each	Due at the beginning of school
Class Field Trips	Costs vary from grade to grade	Due prior to trip
5 th – 6 th Grade Retreat	\$135 approximately	Due prior to trip
7 th – 8 th Grade Trip	\$200 approximately	Due prior to trip
9 th – 12 th Grade Retreat	\$200 approximately	Due prior to trip

Athletic Fees

Non-refundable fee per player covers uniforms, equipment, coaches, insurance, etc. No family maximum amount. Fees are due prior to the first practice. Athletic fees are not included in the above costs. Athletic fees will be posted on the Athletic webpage prior to the beginning of the next school year.

Tuition Assistance

Assistance is based on need and is awarded on a first-come, first-served basis. **Applications for tuition assistance are available on the BCS website.**

Student's Name _____

APPLICATION, PAGE 1**Student Information**

Application Date _____ Applying for Grade (PK3, PK4, K, 1-12) _____

Age as of 9/1 _____ If applying for PK 4 or K: Full Day Half Day PK 3 yr or 4 yr: 2 Day 3 Day

Date of Birth _____ Gender _____ Race _____

Home Phone _____ Student Cell Phone _____

Mailing Address _____

Physical Address (if different) _____

Student Email _____

Parent InformationStudent lives with Father Mother Step-Father Step-Mother Grandparent Other _____

Father's Name (Mr., Dr.) _____

Father's Address _____

Father's Home Phone _____ Work Phone _____ Cell Phone _____

Father's Email _____

Father's Employer/Title/Occupation _____

Mother's Name (Mrs., Ms., Miss, Dr.) _____

Mother's Address _____

Mother's Home Phone _____ Work Phone _____ Cell Phone _____

Mother's Email _____

Mother's Employer/Title/Occupation _____

Check all that apply: Parents Separated Parents Divorced Who Has Custody _____ Father Remarried Father Deceased Mother Remarried Mother Deceased

Unless BCS is advised otherwise by the custodial parent, both parents will receive school communications. It is the custodial parent's responsibility to provide relevant legal documentation to the school.

Other Adults Living With The StudentRelationship: Stepfather Stepmother Grandparent Other _____

Name _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email _____

Employer/Title/Occupation _____

Brazosport Christian School Admissions Packet 2012-2013, Revised February 24, 2012, Page 4 of 14
200-B Willow Drive • Lake Jackson, Texas 77566 • 979.297.0563 • fax 979.297.8455 • www.1bcs.org

BCS admits students of any race, color, national or ethnic origin to all the rights, privileges, programs and activities generally accorded to or made available to students in the school. It does not discriminate on the basis of race, color, national or ethnic origin in the administration of its educational policies, scholarship and loan programs, or any other school-administered programs. BCS policies may be changed from time to time, as the school, in its sole discretion, may elect. Furthermore, such policies shall be considered in light of the overall policies and proceedings established for the school's students. The policies expressed herein, as they may be amended from time to time, shall supersede and have control over any previously published guidelines and/or policies.

Student's Name _____

APPLICATION, PAGE 2**Brothers & Sisters**

Name _____ Grade _____ School _____

Name _____ Grade _____ School _____

Name _____ Grade _____ School _____

Grandparents

Name _____

Home Phone _____ Work Phone _____ Cell Phone _____

Address _____

Email _____

Employer/Title/Occupation _____

Name _____

Home Phone _____ Work Phone _____ Cell Phone _____

Address _____

Email _____

Employer/Title/Occupation _____

School History

School Student is Now Attending _____

Principal's Name _____ Phone _____

School Mailing Address _____

If student attended above school for less than one year, list the name and address of previous school? _____

Church Affiliation

Church Student Attends _____

Denomination _____ Pattern of Attendance: Weekly Monthly Irregularly Rarely Never

Name of Pastor or Youth Pastor _____ Phone _____ Email _____

Is the student involved in church activities? yes no If so, what? _____

Church Family Attends (if different from student) _____

Denomination _____ Pattern of Attendance: Weekly Monthly Irregularly Rarely Never

Name of Pastor _____ Phone _____ Email _____

*A letter may be mailed or emailed to student's and/or family's church to verify attendance.***Brazosport Christian School Admissions Packet 2012-2013, Revised February 24, 2012, Page 5 of 14****200-B Willow Drive • Lake Jackson, Texas 77566 • 979.297.0563 • fax 979.297.8455 • www.1bcs.org**

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Student's Name _____

EDUCATIONAL INFORMATION

Has the applicant ever been evaluated for any of the following?

 ADD ADHD Autism Learning Disabilities Speech/Language Gifted
 Psychological Disorders Special Education/ECI Programs Other**If you have checked any of the boxes above, attach a complete explanation and all other relevant documentation.**Is student on medication for any of the above conditions? yes no If so, which condition and what is the medication? _____Has the applicant ever been placed into remedial or below-level classes? yes no If so, which classes? _____Has student ever received modifications or accommodations in the classroom? yes no If so, what are the modifications or accommodations and in what class were they received? _____If the applicant is in 9th-12th grade, have they failed any course required for graduation? If so, which courses? _____Has the applicant ever been suspended (either in school or out of school), expelled or refused admittance at any school? yes no If so, please explain. _____Has the applicant ever been placed on probation or in a disciplinary program at school? yes no If so, what was the offense and the discipline? _____Does the applicant suffer from any medical conditions or chronic illnesses? yes no If so, please explain. _____Does the applicant have Diabetes? yes no Asthma? yes no Epilepsy? yes noDoes the applicant have any condition, which may require frequent restroom stops? yes no If so, please explain. _____Has the applicant been diagnosed with any hearing impairment? yes no If so, please explain. _____Does the applicant have any visual impairment, wear glasses or contacts? yes no If so, please explain. _____Does the applicant have any immediate family members (parents, siblings, grandparents) who have reading difficulties? yes no If so, please explain. _____Will your student be taking daily medication throughout the year? yes no If so, please check with the office about regulations regarding medication. Please list any medications your student may require: _____

Student's Name _____

RELEASE OF RECORDS AUTHORIZATION**To the Student's Current School**

This student is applying to Brazosport Christian School. Please send the following information:

- Official Transcript
 Unofficial Transcript
 Last Report Card
 Birth Certificate
 Medical Records
 Standardized Test Results (last 2 years)
 Discipline Records
 ARD/IEP
 Other

To the Applicant's Parent(s) or Guardian(s)

Your student's records must come directly from the current school and will be considered invalid if received by any other means. Complete the following information, sign and date this form. This form must accompany your student's application for admission.

Name of Applicant _____

Name of Current School _____

Current Grade _____

School Address _____

School Phone _____ School Fax _____

Principal's Name _____

If Elementary, Name of Homeroom Teacher _____

If Grade 7-12, Name of Math and English Teachers _____

I (we) certify that the information provided above is true to the best of my (our) knowledge. I give permission for this school to provide requested information directly to BCS. I (we) understand that my student may be enrolled on a conditional basis at BCS until these official records are received. I (we) further understand that my student may be found ineligible for enrollment at BCS based upon information obtained through these school records.

Signature of Custodial Parent/Legal Guardian Date_____
Signature of Custodial Parent/Legal Guardian Date**Mail or Fax to BCS, Attention: Admissions. Questions? Call 979-297-0563, ext. 100**

EMERGENCY AUTHORIZATION

Grade	Student's Name & Date of Birth	Authorization For	Type of Allergy (Drug, Food, Insect)	Allergy Med used Special Alerts: Emergency Treatments:	Special Medication Usual Dosage: Potential Side Effects: Emergency Treatment:	Disease or Condition Treatment: Cautions: Other Information:	If student has any of the limitations or difficulties in the following areas, please check and explain. Attach pages if necessary
		<input type="checkbox"/> Acetaminophen <input type="checkbox"/> Ibuprofen <input type="checkbox"/> Benadryl <input type="checkbox"/> Throat Lozenge <input type="checkbox"/> Antacid					<input type="checkbox"/> Vision <input type="checkbox"/> Speech <input type="checkbox"/> Hearing <input type="checkbox"/> Other
		<input type="checkbox"/> Acetaminophen <input type="checkbox"/> Ibuprofen <input type="checkbox"/> Benadryl <input type="checkbox"/> Throat Lozenge <input type="checkbox"/> Antacid					<input type="checkbox"/> Vision <input type="checkbox"/> Speech <input type="checkbox"/> Hearing <input type="checkbox"/> Other
		<input type="checkbox"/> Acetaminophen <input type="checkbox"/> Ibuprofen <input type="checkbox"/> Benadryl <input type="checkbox"/> Throat Lozenge <input type="checkbox"/> Antacid					<input type="checkbox"/> Vision <input type="checkbox"/> Speech <input type="checkbox"/> Hearing <input type="checkbox"/> Other

Student's Primary Physician and Phone _____

Emergency Contacts

Father/Guardian _____

Home Phone _____ Work Phone _____ Cell Phone _____

Mother/Guardian _____

Home Phone _____ Work Phone _____ Cell Phone _____

Other Emergency Contact _____

Home Phone _____ Work Phone _____ Cell Phone _____

Other Emergency Contact _____

Home Phone _____ Work Phone _____ Cell Phone _____

As Legal Guardian of the child(ren) listed, I authorize: (must check appropriate boxes below)

- Designated BCS employees/assigns, in the event of an emergency and in my absence, to make decisions that are normally reserved for the child's parent/guardian and to act as they judge to be in the best interest of my child(ren). I agree to forever hold harmless BCS employees/assigns, attending physician(s) and medical and emergency personnel for any liability, injury, loss or cost suffered as a result of decisions made and acted upon in good conscience and according to medical knowledge available at the time. I understand that I am responsible for all expenses associated with my child(ren)'s medical/emergency needs.
- Designated BCS employees/assigns to administer medicines listed on the Emergency Authorization Form as they deem necessary and I hold harmless BCS employees/assigns for any liability related to the administration of these medications.
- Designated BCS employees/assigns to administer first aid and/or CPR as they judge necessary.
- Designated BCS employees/assigns to call emergency services as they judge necessary, to choose a hospital for treatment, to transport my child to that hospital, and to work with physicians, emergency workers and other medical personnel in the perceived best interest of my child.
- The attending physician or medical personnel to administer blood or blood products to my child(ren).

Unauthorized Pickup

 Is there anyone with whom your child(ren) is NOT to leave campus with or be picked up by? yes no

If so, use this space to explain. The school will seek to comply with all legal constraints, provided that we are given copies of relevant legal orders.

Signature of Custodial Parent/Legal Guardian _____ Date _____

Signature of Custodial Parent/Legal Guardian _____ Date _____

ENROLLMENT AGREEMENT

 Primary Payer _____ Spouse's First Name _____ N/A

Mailing Address _____

Physical Address (if different) _____

Email _____

Home Phone _____ Work Phone _____ Cell Phone _____

 Secondary Payer _____ Spouse's First Name _____ N/A

Mailing Address _____

Physical Address (if different) _____

Email _____

Home Phone _____ Work Phone _____ Cell Phone _____

Student Information

Student Name _____ Grade _____

Student Name _____ Grade _____

Student Name _____ Grade _____

Payment Options

- Payment in Full (Due by July 31, 2012. Save \$100 if paid in full by June 1, 2012.)
- Payment by Semester (Fall Semester Due by July 31, 2012. Spring Semester Due by January 2, 2013.)
- 10 Month Plan (August 20, 2012 – May 20, 2013. Incurs a non-refundable \$38 set-up fee. Enrollment must be completed before 6/8/12.)
- 12 Month Plan (June 5, 2012 – August 5, 2013. Incurs a non-refundable \$38 set-up fee. Enrollment must be completed before 5/1/12.)
- Enrolling after school has begun? Payments will be divided equally among remaining months. Final payment due before May 5, 2013.

Please Read Carefully

Monthly tuition payments will be drafted via Electronic Funds Transfers (EFT) through FACTS Tuition Management. Any EFT returned for insufficient funds will be assessed a \$30 late fee through FACTS. FACTS will continue to draft the account to recover the tuition payment plus applicable fees as stated in the separate agreement signed at the time of enrollment in the FACTS program. A \$30 fee will be charged if there is a change in the EFT regarding payment method, account drafted, transfer date, etc. Additional changes will incur additional \$30 fees.

Families with unresolved delinquent accounts of 60 days or more will not be permitted to attend classes at BCS, will not be enrolled for the following year, and by signing this agreement, agree that the school may withhold all records (including official transcripts) until full payment is made and accounts are brought current. By signing this agreement, I (we) agree and acknowledge that the school must make budgetary decisions upon a projection of total enrollment, purchasing supplies and materials, contracting with teachers and staff, and deciding operational issues based upon our agreement and representation to enroll our child for the entire school year. As a result, we agree that we are responsible to the school for tuition for the **SEMESTER THE STUDENT ATTENDED**. We agree that, in the event that our child is removed from BCS or does not otherwise complete the entire school year for any reason, including but not limited to withdrawal, expulsion, disciplinary issues, natural disasters, financial issues, health issues or excessive absences, failure to pay tuition in a timely manner, or any other reason, we are still responsible for tuition and fees for the **SEMESTER THE STUDENT ATTENDED** in the amount set forth in the Tuition & Fees brochure as well as any reasonable expense the school may incur to collect monies due. Appeal of particular circumstances in this regard may be made to the Head of School or his designee.

For new applicants: This contract is conditional to the following terms: If admission is denied, the registration fee will be refunded and this Enrollment Agreement will be shredded. If admission is granted, the family will have 15 days after notification by the school to inform BCS if they decide not to enroll. After the family accepts admission or after the 15 days, whichever comes first, the enrollment contract will be executed and the registration fee becomes non-refundable.

Signature of Primary Payer _____ Date _____

Signature of Secondary Payer _____ Date _____

PAYMENT AGREEMENT

Student Name _____ Grade _____

Student Name _____ Grade _____

Student Name _____ Grade _____

Monthly Payment Options (please confirm your payment plan choice and method by checking the appropriate boxes) 10 Month Plan (August 20, 2012 – May 20, 2013. Incurs a non-refundable \$38 set-up fee. Enrollment must be completed before 6/8/12.) 12 Month Plan (June 5, 2012 – August 5, 2013. Incurs a non-refundable \$38 set-up fee. Enrollment must be completed before 5/1/12.) Electronic Funds Transfer (EFT) from my Checking Account Electronic Funds Transfer (EFT) from my Savings Account**Please Read Carefully**

Your enrollment contract will be with BCS, but you will set up an Electronic Funds Transfer (EFT) agreement with FACTS. FACTS is the tuition management service most widely used by private and faith-based schools nationwide, serving 3,500 schools and more than two million families since 1986. FACTS will save BCS a great deal of administrative time and costs, as well as assist us in building a better cash reserve and accounting method. Please be assured that neither FACTS nor BCS will have direct access to or any knowledge about the status of your bank account. EFT is simply a pre-authorized bank-to-bank transfer of funds. This process is highly regulated by many strict government standards. Additionally, FACTS has a strict privacy policy and safeguards to protect your information. A copy of their privacy statement, an informational brochure and a copy of this letter will be given to you before you leave.

For each account that is drafted, there is a non-refundable \$38 set-up fee.. This fee will be drafted on the same account that you indicate for your monthly payments and will be processed within the next few weeks. This is an annual fee. If you need to make changes in the EFT agreement once it has become effective, there will be a \$30 change fee each time (payable by cash or check to BCS at the time the change is requested). Changes must be handled through the school and you must allow at least seven business days for the change order to be processed. FACTS will assess a \$30 returned payment fee if a transfer is declined for insufficient funds. This fee will automatically be deducted from the account listed for each returned payment.

A BCS representative will fill out the EFT form for you to sign. If you intend to apply for financial aid, we will not be able to complete the payment amount section. This will be completed after the aid determination is finalized. The EFT form will not be sent to FACTS until this section is completed. If you are not an authorized signer on the account that will be drafted, you will need to take the EFT form and have it signed by the authorized person. Your child's enrollment papers will be placed on hold until the EFT form is returned to the admissions office. Please return the EFT form back to the school as soon as possible as your child's placement is not secured until the enrollment process is finalized. Additional details about the EFT agreement are listed on the back of your copy of the agreements.

Your signature below indicates that you have read and understood the above information.

FACTS Peace of Mind (POM) Benefit Option:

The POM benefit will pay any FACTS unpaid balance (except payments in arrears) in the event of the death of the Responsible Party who signed the agreement or his/her legal spouse. There are age restrictions and health restrictions that pertain to cancer, which you need to read if you choose this option. The non-refundable annual fee for this benefit is \$12.

Do you wish to choose this option? yes no

Do you have any questions about any of the above information? yes no

If yes, please note below:

Signature of Primary Payer_____
Date_____
BCS Representative_____
Date

Student's Name _____

CHURCH REQUEST*(Top half of form to be filled out by parent. Bottom half of form to be filled out by church.)*

Church Name _____

Church Mailing Address _____

Church Phone _____

Church Fax _____

Church Email _____

I (we) give permission for this church to provide requested information directly to BCS. I (we) understand that my student may be enrolled on a conditional basis at BCS until this information is received. I (we) further understand that my student may be found ineligible for enrollment at BCS based upon information obtained.

Signature of Custodial Parent/Legal Guardian Date Signature of Custodial Parent/Legal Guardian Date

The following family has applied for admission to BCS:

_____*(Top half of form to be filled out by parent.)**(Bottom half of form to be filled out by church.)*

They indicated on the admission application that they attend your church. We would like for you to verify their attendance at your church by filling out this form and returning it to us. The admission process is not complete until we receive your response.

Pattern of Attendance: Weekly Monthly Irregularly Rarely Never

Name of church staff filling out form _____

Position in church _____

Thanks so much for your help and attention to this matter.

In His Service,
BCS Registrar**Mail or Fax to BCS, Attention: Admissions. Please do not return this form to the student. Questions? Call 979-297-0563, ext. 100*****Brazosport Christian School Admissions Packet 2012-2013, Revised February 24, 2012, Page 13 of 14***
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Student's Name _____

CONFIDENTIAL RECOMMENDATION FORM

 Check one Principal Counselor Math Teacher English Teacher Elementary Teacher

To the applicant and parent/guardian(s):

Sign and deliver this form to your current principal, counselor or appropriate teacher with a stamped envelope addressed to the BCS Admissions Office. Ask that the form be mailed or faxed back to BCS promptly, as you cannot proceed with the Admissions process until it is completed and received. This form cannot be accepted if brought in by the parent or student.

I give permission for you to provide the following information directly to Brazosport Christian School.

Signature of Parent/Guardian _____ Date _____

Student Signature (Grades 7-12) _____ Date _____

To the person completing this evaluation:

Thank you for taking the time to complete this form. The information you provide will be kept confidential. Please elaborate, if necessary, on the back of this form or attach additional information.

 What was the last grade attended at this school? _____
 Has the student received any special awards or recognition? _____ yes no
 Has the student been involved with alcohol or drugs? _____ yes no
 Has disciplinary action ever been taken on this student? _____ yes no
 Are the parents supportive of school policies? _____ yes no

Additional questions for Principal or Counselor only:

 Is the student in good standing and eligible to re-enter your school if you offer the next grade level? yes no

If no, why? _____

 If your school is private, does the family meet its financial responsibilities for school bills on time? yes no

Recommendation: Highly Recommended Recommended With Reservation Not Recommended

If answer is "with reservation" or "not recommended", please explain on the back of this form.

Please indicate your observations about the applicant by circling the appropriate boxes in the chart below.

Areas	1	2	3	4	5
Academic Ability & Attentiveness	Exceptionally promising, high honor roll	Fine student, probably honor roll	Capable of passing work, but not with honors	Marginal ability or questionable motivation	Poor academic risk
Integrity	Exceptionally upright	Noticeably upright	Upright, no cause to question	Weak or questionable	Record of dishonesty
Initiative, Drive & Motivation	Outstanding, resourceful	Well above average	Generally strong enough	Occasionally weak or lacking	Very weak
Personal Qualities	Outstanding person, tops in all respects	Considerable appeal, generally quite strong	Generally okay, no strength, no weaknesses	Not very appealing, immature	Poor impression, very immature
Emotional Stability	Exceptionally stable	Well balanced	Usually well balanced	Excitable or unresponsive	Hyper-emotional or apathetic
Conduct/ Self Discipline	Outstanding	Excellent	Good	Fair	Poor
Study Habits	Outstanding	Excellent	Good	Fair	Poor

Name of School _____ Phone _____ Email _____

Name of Person Completing Form _____ Title _____ Length of Acquaintance With Student _____

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