



# BENTONVILLE PREPARATORY SCHOOL

*a higher education starts here*

## Application for Enrollment

Today's Date \_\_\_\_\_

Ideal Start Date \_\_\_\_\_

Child's birth name \_\_\_\_\_

Gender:        M        F

Child's preferred name \_\_\_\_\_

Child's nickname \_\_\_\_\_

Date of birth/Due Date \_\_\_\_\_ Current Age \_\_\_\_\_

Social Security Number \_\_\_\_\_

Home address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Father's Name \_\_\_\_\_

Father's Employer/Address \_\_\_\_\_

Father's Job Description \_\_\_\_\_

Father's home phone \_\_\_\_\_

Father's cell phone \_\_\_\_\_

Father's work phone \_\_\_\_\_

Father's email \_\_\_\_\_

Father's work hours \_\_\_\_\_

Mother's Name \_\_\_\_\_

Mother's Employer/Address \_\_\_\_\_

Mother's Job Description \_\_\_\_\_

Mother's home phone \_\_\_\_\_

Mother's cell phone \_\_\_\_\_

Mother's work phone \_\_\_\_\_

Mother's email \_\_\_\_\_

Mother's work hours \_\_\_\_\_

Brother/Sister's name & age \_\_\_\_\_

Brother/Sister's name & age \_\_\_\_\_

Brother/Sister's name & age \_\_\_\_\_

Brother/Sister's name & age \_\_\_\_\_

**BPS Application for Enrollment**

Describe your child in one word \_\_\_\_\_

My child is happy/excited when \_\_\_\_\_

My child expresses happiness by \_\_\_\_\_

My child is sad/upset when \_\_\_\_\_

My child expresses sadness by \_\_\_\_\_

My child's favorite activity is \_\_\_\_\_

My child does not like participating in \_\_\_\_\_

Describe your child in a family setting \_\_\_\_\_

Describe your child in a social setting \_\_\_\_\_

Describe how your child responds to instruction \_\_\_\_\_

Is your child involved in any group activities?    Y        N        If yes, what? \_\_\_\_\_

What do you hope for your child at Bentonville Preparatory? \_\_\_\_\_

\_\_\_\_\_

Who recommended you to Bentonville Preparatory? \_\_\_\_\_

Anything in particular you'd like for us to know? \_\_\_\_\_

List any allergies, restrictions or impairments: \_\_\_\_\_

\_\_\_\_\_

Child must be current on all Immunizations and an Immunization Record must be submitted prior to the first day. Any food allergies must be acknowledged by pediatrician before meal supplements can be made. Do you understand and agree?    Y        N

## BPS Application for Enrollment

### Emergency Contact Information

The following individuals have parent permission to drop off and pick up my child/children. They will also be called in an emergency situation if parent/guardian cannot be reached. At least one emergency contact must live in NWA.

(1) Name \_\_\_\_\_

Relationship \_\_\_\_\_

Cell phone \_\_\_\_\_

Work phone \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

(2) Name \_\_\_\_\_

Relationship \_\_\_\_\_

Cell phone \_\_\_\_\_

Work phone \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

(3) Name \_\_\_\_\_

Relationship \_\_\_\_\_

Cell phone \_\_\_\_\_

Work phone \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

(4) Name \_\_\_\_\_

Relationship \_\_\_\_\_

Cell phone \_\_\_\_\_

Work phone \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

(5) Name \_\_\_\_\_

Relationship \_\_\_\_\_

Cell phone \_\_\_\_\_

Work phone \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

**BPS Application for Enrollment**

Parent/Guardian's marital status:

Mom/Dad/Guardian: Married Separated Divorced Remarried or in a relationship with \_\_\_\_\_

Mom/Dad/Guardian: Married Separated Divorced Remarried or in a relationship with \_\_\_\_\_

Are there court related issues we should be aware of? If so, please circle & provide documentation upon enrollment:

Custody/Visitation

Adoption

Foster

Restraining Order

Mom/Dad/Guardian's highest education received: HS diploma 2 year community college 4 year bachelor's masters post doctorate

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Household income in thousands: less than \$50 less than \$75 less than \$100 \$100 or greater

Pediatrician's Name \_\_\_\_\_

Office Name \_\_\_\_\_

Physician's Physical Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Emergency Facility Choice \_\_\_\_\_

We do require parent(s) to be involved in our school a minimum of 10 hours per calendar year. This encourages parent participation and involvement on many levels. Upon acceptance, you will be asked monthly to calendar volunteer opportunities. Do you understand? Y N

**Application Procedure:**

1. Call Bentonville Preparatory School to schedule appointment for a tour of our facility.
2. Bring completed application with \$50.00 non-refundable fee to Bentonville Preparatory if you want to be considered for placement. All prospective students and parents will be interviewed upon availability.
3. Upon acceptance, you will be required to attend a Parent/Student Orientation.

Do you understand and agree? Y N

Signature: \_\_\_\_\_

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