



BENTONVILLE PREPARATORY SCHOOL

a higher education starts here

Enrollment Application for Bentonville Preparatory

211 SE 34th St. Suite 13

Today's Date _____

Child's birth name _____

Child's preferred name: _____

Date of birth _____ Age _____

Home address _____

Parent 1 Name _____

Parent's Job Description _____

Parent's cell phone _____

Parent's email _____

Parent 2 Name _____

Parent's Job Description _____

Parent's cell phone _____

Parent's email _____

Brother/Sister name & age _____

Brother/Sister name & age _____

Expected Start Date _____

Gender: M F

Child's nickname _____

Social Security number _____

City/State/Zip _____

Parent's Employer _____

Parent's home phone _____

Parent's work phone _____

Parent's work hours _____

Parent's Employer: _____

Parent's home phone _____

Parent's work phone _____

Parent's work hours _____

Brother/Sister name & age _____

Brother/Sister name & age _____

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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? _____

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Parents marital status:

Mom: Married Separated Divorced Remarried or in a relationship with: _____

Dad: Married Separated Divorced Remarried or in a relationship with: _____

Are there court related issues we should be aware of? Custody/Visitation Adoption Foster Restraining Order

If so, please explain in detail: _____

Parent 1's highest education received: HS diploma 2 year community college 4 year bachelor's masters post doctorate

Parent 2's highest education received: HS diploma 2 year community college 4 year bachelor's masters post doctorate

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

Pediatrician's Name: _____

Office Name: _____

Phone Number: _____

Emergency Facility Choice: _____

My child is current on all immunizations: Yes No

List any allergies, restrictions or impairments: _____

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Emergency Contact Info:

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 mother or father cannot be reached. Must live in NWA.

Name: _____

Relationship: _____

Cell phone: _____

Work phone: _____

Name: _____

Relationship: _____

Cell phone: _____

Work phone: _____

Name: _____

Relationship: _____

Cell phone: _____

Work phone: _____

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

Immunization record must be submitted prior to the first day and any food allergies must be acknowledged by pediatrician before meal supplements can be made. Do you understand and agree? 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. At that time you will receive Student/Parent Handbook, ACH forms, Holiday & fee schedule, etc. and it will be discussed in detail.

Do you understand and agree? Y N

Signature: _____

Date _____