Medical Information

In case of emergency, parents will be contacted first. But, if parents are not able to be reached, please list the names of two local relative/friends who have consented to assume responsibility of your child in case of the child's illness or accident.

_____ _____
1st Emergancy Contact Phone

_____ _____
2nd Emergancy Contact Phone

_____ _____
Doctor Phone

_____
Known Allergies

I authorize emergency treatment of my student by the physician named above or by the staff of any hospital emergency room. Yes _____ No _____

Immunization Record Submitted:
Yes ☐ No ☐

Date of last physical:

_____

Date of Last Tetanus Shot:

_____

Parents Commitments

Beacon Christian School has been in existence for over 100 years due to the support and dedication of constituents, parents, teachers, and friends in the community. Our school is dependent upon each family's participation and assistance. Each family is asked to please give of their time for minimum of 20 hours per school year. Parents, grandparents, or an adult relative of the family can help complete a family's hours.

_____ I understand and agree to do my share to help Beacon Christian School.
Initials

_____ I have read the Beacon Christian School Handbook and will support the guidelines there.
Initials

____ I have read the Parent's Commitments and understand and agree to support the school program as stated in the handbook
Initials

_____ _____
Parent/Legal Guardian Signature Date

(Office Use Only)

☐ Application Form Completed ☐ Cleared Student Life Committee _____

☐ Entrance Fee Paid ☐ First Month's Tuition Paid ☐ Financial Policy Form

☐ Financial Clearance ☐ Student Contract ☐ Ride Permission Form

☐ Acceptable Use Form ☐ Immunization Record Completed ☐ Photo Release Form

☐ Health/Physical Exam Clearance

New Students: ☐ Records Release Form ☐ 3 Recommendation Forms

☐ Copy of Birth Certificate ☐ Copy of previous Report Card & Standardized Test

615 Stewart Ave.
Lewiston, ID 83501
(208) 743-8361
beacon-christian.org

New Student Application Form (2026-2027)

Student Information

First Name _____ Middle Name _____ Last Name _____

Place of Birth (City, State) _____ Date of Birth _____. Age _____

Home Address _____ Home Phone _____

City, State, Zip Code _____ Family Email Address _____

Student resides primarily with: Both parents __, Father ___, Mother __ , Stepmother __,

Stepfather __, Other (Specify) _____

Mailing Address if different from above _____

Name of last school attended _____ Phone Number of School _____

Address of School _____ Years attended _____

Gender
Male ☐ Female ☐

Grade Applying For:
K. 1 2 3 4 5 6 7 8

Baptized SDA?
Yes ☐ No ☐

Date of Baptism _____

Church Affiliation: _____

Church Attending: _____

Parent/Guardian Information

Father/Guardian

Last Name _____ First Name _____

Address (if different from your student) _____

City, State, Zip-code _____

Phone (Cell) _____

Phone (Work) _____

Email Address (if different from above) _____

Employed at _____

Occupation _____

Church Membership _____ Church Attending _____

Malling Address (iff different from above) _____

Marital Status _____

Mother/Guardian

Last Name _____ First Name _____

Address (if different from your student) _____

City, State, Zip-code _____

Phone (Cell) _____

Phone (Work) _____

Email Address (if different from above) _____

Employed at _____

Occupation _____

Church Membership _____ Church Attending _____

Malling Address (iff different from above) _____

Marital Status _____