



STUDENT NAME \_\_\_\_\_

ENTERING GRADE \_\_\_\_\_

**BESSEMER ACADEMY**

1705 4<sup>th</sup> Avenue, S.W

Bessemer, AL 35022

Phone: (205) 428-6288, Fax: (205) 426-8888

**NEW STUDENT APPLICATION**

**MISSION**

Our goal at Bessemer Academy is to provide academic excellence, social growth, and moral development. Through a variety of learning activities and experiences, we actively support each student in the quest for fulfilling his or her full potential and individual growth. We prepare each student to meet the challenges of today's society and tomorrow's workplace.

**VISION**

Our vision is to empower the students of Bessemer Academy to reach their full potential through academic instruction, cultural development and growth in Christian moral and spiritual values.

Only applications filled out completely will be considered.

**Application fee and first month's tuition is non-refundable whether your child is accepted or denied.**

The following information must be submitted in order for your application to be accepted:

- \_\_\_ Blue Immunization Card
- \_\_\_ Copy of Birth Certificate
- \_\_\_ Social Security Card
- \_\_\_ Most Recent Report Card / School Transcript

The following is for office use only:

Date received: \_\_\_\_\_ Received by: \_\_\_\_\_

Comments: \_\_\_\_\_

Administrator Recommendation: Accept: \_\_\_\_\_ Deny: \_\_\_\_\_

Board of Directors:

Date Accepted: \_\_\_\_\_ Date Denied: \_\_\_\_\_ Authorized by: \_\_\_\_\_

**STUDENT APPLICATION FOR ENROLLMENT  
(PLEASE PRINT OR TYPE)**

Date of application: \_\_\_\_\_ Grade applying for: \_\_\_\_\_

**I. STUDENT INFORMATION:**

Name: \_\_\_\_\_  
Last First Middle

DOB: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_

Please list name (s) of brothers and sisters attending Bessemer Academy:

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ GRADE: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ GRADE: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

**II. PARENT / GUARDIAN INFORMATION:**

**PARENT #1:**

Name: \_\_\_\_\_  
Last First Middle

Street: \_\_\_\_\_ City \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_ Wk. Phone: \_\_\_\_\_

Marital Status (Circle One) Married Single Divorced Separated Widowed

Relation to Student: \_\_\_\_\_ Spouse's Name (if other than below): \_\_\_\_\_

**PARENT #2:**

Name: \_\_\_\_\_  
Last First Middle

Street: \_\_\_\_\_ City \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_ Wk. Phone: \_\_\_\_\_

Marital Status (Circle One): Married Single Divorced Separated Widowed

Relation to Student: \_\_\_\_\_ Spouse's Name (if other than below): \_\_\_\_\_

With whom does student live? \_\_\_\_\_ If student does not live with parent(s), who has legal custody?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Who is responsible for paying school bills?**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Signature: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_ Driver' License #: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**III. EDUCATIONAL INFORMATION:**

List school last attended if other than Bessemer Academy:

SCHOOL: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY/STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

Has this student ever been retained in a grade? \_\_\_\_\_ If yes, which grade? \_\_\_\_\_ Please explain (subjects, attendance, etc.)

\_\_\_\_\_. Does this student have any physical or emotional problem which requires special medication? \_\_\_\_\_ If yes, please explain. \_\_\_\_\_

Has this student ever been placed in any special education classes? \_\_\_\_\_ If yes, please explain. (Speech, emotionally, conflicted, gifted, learning disabled, etc.) \_\_\_\_\_

Is there any **pending** disciplinary action against this student from any previous school system? Yes \_\_\_\_\_ No \_\_\_\_\_ Please describe the nature of the previous disciplinary problems: \_\_\_\_\_

\_\_\_\_\_. Has this student ever been treated for alcohol or substance abuse? \_\_\_\_\_ If yes, please explain and also provide a copy of treatment results: \_\_\_\_\_

Do you have any outstanding balances at this or any other school? \_\_\_\_\_  
If yes, please explain \_\_\_\_\_

Circle / List the diseases this student has had: Whooping Cough Mumps Chicken Pox Measles Rubella Polio Meningitis Scarlet Fever  
Tonsillitis Tuberculosis HIV / AIDS Other (Please list):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any handicaps or limitations this student has (including speech, hearing, vision, coordination, learning, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IV. Emergency Authorization**

I give permission for Bessemer Academy to obtain emergency medication treatment, including emergency transportation, for my child(ren) if I cannot be reached immediately. I agree to be responsible for any emergency medical expenses incurred.

\_\_\_\_\_  
Signature / Date

**V. Consent for Obtaining Records**

I hereby give my consent to the administrator / counselor of Bessemer Academy to notify my child's former school in order to receive records and transcripts.

\_\_\_\_\_  
Signature / Date

**VI. Consent for Background Check**

I hereby give my consent to the administrator / counselor of Bessemer Academy to notify my child's former school in order to receive all disciplinary records or divulge any pending disciplinary action against my child.

\_\_\_\_\_  
Signature / Date

I agree to accept the conditions and requirements of all official handbooks, policies and procedures of Bessemer Academy, including the payment of all tuition, fees and charges according to the published schedule of the school. I also understand the application fee and first month's tuition are non-refundable whether my child(ren) is / are accepted or denied admission to Bessemer Academy.

\_\_\_\_\_  
Signature / Date

I HEREBY CERTIFY THAT ALL INFORMATION CONTAINED IN THIS STUDENT APPLICATION IS TRUE AND CORRECT:

Father's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Mother's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Legal Guardian's Signature \_\_\_\_\_ Date: \_\_\_\_\_

E-Mail Address #1: \_\_\_\_\_

E-Mail Address #2: \_\_\_\_\_

Bessemer Academy  
Student Pick Up List

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Parents or Guardians:

Father \_\_\_\_\_ Drivers License# \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Mother \_\_\_\_\_ Drivers License# \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

List of authorized people to pick up child / children from school:

1. Name \_\_\_\_\_ Drivers Licenses # \_\_\_\_\_

2. Name \_\_\_\_\_ Drivers Licenses # \_\_\_\_\_

3. Name \_\_\_\_\_ Drivers Licenses # \_\_\_\_\_

4. Name \_\_\_\_\_ Drivers Licenses # \_\_\_\_\_

5. Name \_\_\_\_\_ Drivers Licenses # \_\_\_\_\_

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

**BESSEMER ACADEMY  
STATEMENT OF COOPERATIONS**

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1. We agree with and will support the mission, policies, and procedures of the school.
2. We understand the importance of our child developing and maintaining honor and respect for the rights and property of others and property of Bessemer Academy.
3. We understand the importance of our child developing and maintaining a desire to pursue their God-given potential in the areas of academics, arts and athletics.
4. We agree to uphold and support the academic standards of the school by encouraging the completion of homework and assignments.
5. We agree to uphold and support the attendance policies of being present and on time to school daily during the school year.
6. We agree to uphold and support the parent student hand book.
7. We understand the importance of our child maintaining a respectful image on all social media and will uphold the integrity of Bessemer Academy.
8. We agree to uphold the tuition and financial obligations to the school.
9. We understand the commitment to extracurricular activities and agree to financial and time obligations.

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**Student's Signature (6<sup>th</sup> - 12<sup>th</sup>)**

**Grade**

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**Parent's Signature (K3-12<sup>th</sup>)**

**Date**

## PARENT STUDENT HANDBOOK ACKNOWLEDGEMENT FORM

I hereby acknowledge by our signatures that we have read Bessemer Academy's handbook on the Bessemer Academy website [www.bessemeracademy.com](http://www.bessemeracademy.com).

We understand that these policies apply to all students and parents at Bessemer Academy.

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Student's Signature (6<sup>th</sup> – 12<sup>th</sup>) Grade

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Parent's Signature (K3-12<sup>th</sup>) Date

**THIS FORM MUST BE SIGNED AND RETURNED TO THE**  
**SCHOOL WITH ENROLLMENT PACKET FOR**  
**APPLICATION TO BE COMPLETE**

# MEDICAL HISTORY FORM

Student Name Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
Sex \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_

My child has a medical condition that may affect his or her school day \_\_\_\_ NO \_\_\_\_ YES

## [ ] ALLERGIES

Allergy Type

\_\_\_\_ Food List food(s) \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_ Medication List medicine(s) \_\_\_\_\_

\_\_\_\_ Bee sting \_\_\_\_\_

\_\_\_\_ Other (list) \_\_\_\_\_

Reactions Type \_\_\_\_ Mild \_\_\_\_ Severe Date of last severe reaction \_\_\_\_\_

\_\_\_\_ Coughing \_\_\_\_ Hives \_\_\_\_ Rash \_\_\_\_ Difficulty breathing \_\_\_\_ Local swelling \_\_\_\_ Wheezing

\_\_\_\_ Generalized swelling \_\_\_\_ Nausea \_\_\_\_ Other \_\_\_\_\_

### Currently prescribed medications and treatments

\_\_\_\_ Oral antihistamine (Benadryl, etc.) \_\_\_\_ Epinephrine \_\_\_\_ Other \_\_\_\_\_

## [ ] ASTHMA

Triggers \_\_\_\_ Exercise \_\_\_\_ Environmental \_\_\_\_ Other (list) \_\_\_\_\_

Symptoms

\_\_\_\_ Chest tightness, discomfort, or pain \_\_\_\_ Difficulty breathing \_\_\_\_ Throat itch, tightness, or soreness

\_\_\_\_ Coughing \_\_\_\_ Hoarseness \_\_\_\_ Wheezing

\_\_\_\_ Other \_\_\_\_\_

### Currently prescribed medications and treatments

\_\_\_\_ Inhalers \_\_\_\_ Oral antihistamines \_\_\_\_ Oral steroids \_\_\_\_ Oral bronchodilator \_\_\_\_ Nebulizer

## [ ] DIABETES

### Currently prescribed medications and treatments

\_\_\_\_ Insulin \_\_\_\_ Syringe \_\_\_\_ Pen \_\_\_\_ Pump \_\_\_\_ Blood sugar testing \_\_\_\_ Glucagon

\_\_\_\_ Carbohydrate Counting  
\_\_\_\_ Oral medication(s) List medication(s) \_\_\_\_\_

## [ ] Seizure Disorder

Type of seizure

\_\_\_\_ Absence (staring, unresponsive) \_\_\_\_ Complex partial \_\_\_\_ Generalized tonic-clonic (grand mal, convulsive)  
\_\_\_\_ Other (explain) \_\_\_\_\_

Physical education restrictions \_\_\_\_ NO \_\_\_\_ YES

Date of last seizure \_\_\_\_\_ Length of seizure \_\_\_\_\_

Currently prescribed medications \_\_\_\_\_

## Other Health Conditions

\_\_\_\_\_  
\_\_\_\_\_

Parent or Guardian Name (Print or Type) \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_

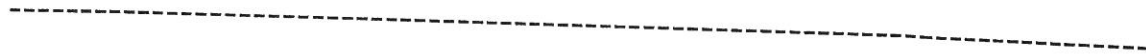


## Band Information Sheet

Students interested (6<sup>th</sup> -12<sup>th</sup> Grade) but has never played an instrument

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_



Students interested (6<sup>th</sup> -12<sup>th</sup> Grade) and already plays an instrument

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Instrument: \_\_\_\_\_

How many years played: \_\_\_\_\_

Instrument: \_\_\_\_\_

How many years played: \_\_\_\_\_

## Tuition and Fees Schedule 2018-2019

Bessemer Academy  
1705 4<sup>th</sup> Avenue SW  
Bessemer, AL 35022

### TUITION AND FEES PAYMENT PLANS:

- PLAN 1** (10 Payments – Due the first of each month August to May)
- PLAN 2** (12 Payments – Due the first of each month June to May)
- PLAN 3** (1 Payment in full – Due the first day of June to get discount)

#### K3 – K4 PRE-SCHOOL

K3-K4 Pre-School	12 months	10 months	Full Year	Full Year 5% Discount off Tuition Only
First Child	\$355.50	\$426.60	\$4266.00	\$4033.00
Second Child	\$284.00	\$340.80	\$3408.00	\$3231.00
Third Child	\$284.00	\$340.80	\$3408.00	\$3231.00
Each Addl. Child	\$284.00	\$340.80	\$3408.00	\$3231.00

#### K5 – 5<sup>TH</sup> GRADE

K5-5 <sup>th</sup> Grade	12 months	10 months	Full Year	Full Year 5% Discount off Tuition Only
First Child	\$487.50	\$585.00	\$5850.00	\$5617.00
Second Child	\$329.00	\$394.80	\$3948.00	\$3771.00
Third Child	\$235.00	\$282.00	\$2820.00	\$2699.00
Each Addl. Child	\$235.00	\$282.00	\$2820.00	\$2699.00

#### 6<sup>th</sup> – 12<sup>TH</sup> GRADE

6 <sup>th</sup> – 12 <sup>th</sup> Grade	12 months	10 months	Full Year	Full Year 5% Discount off Tuition Only
First Child	\$492.50	\$591.00	\$5910.00	\$5677.00
Second Child	\$334.00	\$400.80	\$4008.00	\$3831.00
Third Child	\$240.00	\$288.00	\$2880.00	\$2759.00
Each Addl. Child	\$240.00	\$288.00	\$2880.00	\$2759.00

#### K3-K4 with Daycare

K3-K4 Daycare	12 months	10 months	Full Year	Full Year 5% Discount off Tuition Only
First Child	\$505.50	\$606.60	\$6066.00	\$5833.00
Second Child	\$434.00	\$520.80	\$5208.00	\$5031.00
Third Child	\$434.00	\$520.80	\$5208.00	\$5031.00
Each Addl. Child	\$434.00	\$520.80	\$5208.00	\$5031.00

#### K5-6<sup>th</sup> with Daycare

K5-6 <sup>th</sup> Daycare	12 months	10 months	Full Year	Full Year 5% Discount off Tuition Only
First Child	\$587.50	\$705.00	\$7050.00	\$6817.00
Second Child	\$429.00	\$514.80	\$5148.00	\$4971.00
Third Child	\$335.00	\$402.00	\$4020.00	\$3899.00
Each Addl. Child	\$335.00	\$402.00	\$4020.00	\$3899.00

**REGISTRATION FEE: Pre-school \$50.00 at the time of registrations. K5 – 12<sup>th</sup> Grade - \$250.00 per child at the time of registration.**

First child tuition includes Building Fund, (In Lieu of Fundraisers) Fees will go to Maintenance Fund, One Yearbook per family (you may order additional yearbooks) and all other fees. Second, third, each additional child tuition includes all other fees.

Other Fees: Book, Catastrophe Insurance, student accident insurance, Jr.& Sr., Locker/Parking, Library, Computer, Music, Art, Science, driver ed. and etc. Fees are applied to each student by grade level.

Tuition does not include transportation to and from school, lunches, school supplies, special field trips, and other miscellaneous expenses.

DISCOUNTS FOR PAYMENT IN ADVANCE OF SCHOOL YEAR - Tuition paid in full by the first day of June will receive a 5% discount off tuition amount only not fees.

MULTIPLE CHILD DISCOUNT – Full tuition is charged for the oldest child. Each additional child receives a discount (excluding K3-K4)

**General Policies Regarding Payment of Tuition and Fees:**

1. Payments for tuition and fees may be made by cash, check, or money order in person in the Bookkeeping office. All checks and/or money orders should be made payable to “Bessemer Academy” Always request a receipt for any cash payments. Payments may also be made with credit card or by Electronic Fund Transfer.
2. All tuition payments and fees are due in the Bookkeeping office on the first day of the month. A late fee of \$50.00 will be assessed after the 10<sup>th</sup> day of the month. Tuition that is more than 15 days in arrears will result in the student not being allowed to attend classes until that amount is paid in full. Tuition will continue to accrue while the student is out. Each student is required to sign a full year tuition contract.
3. There will be a charge of \$50.00 for any check returned due to insufficient funds (NSF). If two NSF notices are received within a school year, all subsequent payments must be made in cash, certified check, or money order.
4. In case of withdrawal from Bessemer Academy, all payments must be made to ensure release of report cards, records, and transcripts. The full year’s tuition is due if withdrawal occurs after signed contract.
5. Each student account must be set up with one party responsible (parent, grandparent, step-parent, etc.). The accounting office will accept and apply payments from multiple parties but it will be the requirement of the responsible party to insure that the account is current if multiple parties are making payments.
6. Lunchroom accounts: All accounts must be kept current. Lunchroom accounts cannot be charged.

# Bessemer Academy Payment Plan Form

## FAMILY INFORMATION (REQUIRED) PLEASE PRINT IN CAPITAL LETTERS

Person responsible for paying student(s) Tuition for 2018-2019 School Year

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home/Main Tel# \_\_\_\_\_ Secondary Tel# \_\_\_\_\_

Driver License # \_\_\_\_\_ E-Mail Address \_\_\_\_\_

### PLEASE SELECT ONE PAYMENT OPTION:

- PLAN 1** (10 Payments – Due the first of each month August to May)
- PLAN 2** (12 Payments – Due the first of each month June to May)
- PLAN 3** (1 Payment in full – **Due the first day of June to get discount**)

### Options to pay tuition

\_\_\_\_\_ Cash / Check each month by the 1<sup>st</sup>.

\_\_\_\_\_ Electronic Bank Draft – All Electronic Bank Draft will be drafted on the 1<sup>st</sup> day of the month. (attach a voided check for the account you want to be drafted from)

\_\_\_\_\_ Credit Card – Visa/MasterCard/Discover - (You may call Bookkeeping and pay over the phone with a credit card payment).

### I HAVE READ AND UNDERSTAND THE TUITION AND FEES SCHEDULE.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

STUDENT \_\_\_\_\_ GRADE \_\_\_\_\_

STUDENT \_\_\_\_\_ GRADE \_\_\_\_\_

STUDENT \_\_\_\_\_ GRADE \_\_\_\_\_

**All monthly statements are sent out by email each month, please fill in email address where you want your statement sent each month.**

Enrollment Check Off List

All Forms Below Must Be Filled Out In Order for Your Application to Be Complete

\_\_\_\_\_ **Returning Student Application**

\_\_\_\_\_ **Student Pick Up List**

\_\_\_\_\_ **Statement of Cooperation**

\_\_\_\_\_ **Parent Student Handbook Acknowledgement Form**

\_\_\_\_\_ **Medical History Form**

\_\_\_\_\_ **Payment Plan Form**

**(email address is needed – all financial statements are sent out by email)**

\_\_\_\_\_ **Financial Contract**