



## *Application for Admission*

Please return application packet to:

2580 Springfield Road  
Bardstown, KY  
40004

502-348-3900  
[www.bluegrasschristianacademy.org](http://www.bluegrasschristianacademy.org)



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## Incoming Student Application

Date \_\_\_\_\_

Name of Student	M/F	D.O.B.	Grade Entering

Parents' Names \_\_\_\_\_

Home Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Home email \_\_\_\_\_

### Parent Information

#### Father

#### Mother

Employer \_\_\_\_\_

Employer \_\_\_\_\_

Position \_\_\_\_\_

Position \_\_\_\_\_

Business Phone \_\_\_\_\_

Business Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

Family's church affiliation: \_\_\_\_\_ Pastor \_\_\_\_\_

Do you agree to have your children taught in accordance with the Statement of Faith \_\_\_\_\_

Are there any points in it which are inconsistent with your conviction? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please explain \_\_\_\_\_

How did you hear about Bluegrass Christian Academy? \_\_\_\_\_



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Why do you want your child to attend Bluegrass Christian Academy? \_\_\_\_\_

\_\_\_\_\_

Do you know families of students who attend BCA? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please list here: \_\_\_\_\_

How do you think parents should participate in the education of their children? \_\_\_\_\_

\_\_\_\_\_

BCA is greatly helped by parents who regularly and enthusiastically serve as volunteers. Do you have skills that could be of value to our school? \_\_\_\_\_

\_\_\_\_\_

BCA is not staffed to handle students with severe learning disabilities or those who have trouble behaviorally. For your child's best interest, please be candid when you answer the following questions. (If more than one child is applying, please consider each one when answering.) Further elaboration on your answers may take place during an interview.

Has your child ever been referred for testing/placed in a special program? Yes \_\_\_\_\_ No \_\_\_\_\_

Has child received any other special help or tutoring? Yes \_\_\_\_\_ No \_\_\_\_\_

Has child ever repeated a grade for any reason? Yes \_\_\_\_\_ No \_\_\_\_\_

Has child received any special honors or awards for scholastic achievements? Yes \_\_\_\_\_ No \_\_\_\_\_

Has child ever been suspended or expelled by a previous school? Yes \_\_\_\_\_ No \_\_\_\_\_

Has the student ever seen a counselor/doctor/psychiatrist for any type of social, behavioral or mental problems? Yes \_\_\_ No \_\_\_

If so, briefly state the nature of the problem: \_\_\_\_\_

Has the student ever been examined or treated by a counselor/doctor/psychiatrist for hyperactivity or attention deficit disorder (ADD or ADHD)? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you suspect or have you been told that your child might have dyslexia? Yes \_\_\_\_\_ No \_\_\_\_\_

Has the student ever been involved in legal problems or been arrested? Yes \_\_\_\_\_ No \_\_\_\_\_



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Please list the school(s) last attended or presently attended

a) Student name \_\_\_\_\_ Teacher's name \_\_\_\_\_

School Name \_\_\_\_\_ Phone number \_\_\_\_\_

Address \_\_\_\_\_ City/ST/Zip \_\_\_\_\_

b) Student name \_\_\_\_\_ Teacher's name \_\_\_\_\_

School Name \_\_\_\_\_ Phone number \_\_\_\_\_

Address \_\_\_\_\_ City/ST/Zip \_\_\_\_\_

c) Student name \_\_\_\_\_ Teacher's name \_\_\_\_\_

School Name \_\_\_\_\_ Phone number \_\_\_\_\_

Address \_\_\_\_\_ City/ST/Zip \_\_\_\_\_

d) Student name \_\_\_\_\_ Teacher's name \_\_\_\_\_

School Name \_\_\_\_\_ Phone number \_\_\_\_\_

Address \_\_\_\_\_ City/ST/Zip \_\_\_\_\_

To make this application complete, please include the following:

- A \$400.00 registration fee per family.
- A copy of each student's most recent achievement test scores/current grades.

### PARENTAL SIGNATURE

I certify that this application is correct.

Parents/Guardians \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

After the school receives the completed application and other required materials, we will contact you to arrange an interview. All students K-8 will need to take a placement test. Please download a copy of the Parent-Student Handbook for you to look over before your Family Interview. You may download it from [www.bluegrasschristianacademy.org](http://www.bluegrasschristianacademy.org).

#### Office Use Only

Date Application Received \_\_\_\_\_ Registration Fee Received \_\_\_\_\_

Interview Date \_\_\_\_\_ Entrance Test Taken \_\_\_\_\_

Accepted Denied