

Recommendation Information Sheet



1st Grade – 12th Grade

Please provide a name and email address for a current principal/school administrator, current teacher, and a minister or character reference. Submit completed sheet to the Admissions Office so your references can be contacted.

Principal/Administrator _____

Email _____

Teacher _____

Email _____

Minister/Character _____

Email _____

My child is applying to attend Brentwood Christian School. As part of the admissions process, the school requires a recommendation from a current principal, teacher, and minister/character reference.

Brentwood Christian School has my permission to send current school administrators / faculty and the character reference the link to complete the recommendation.

_____ has my permission to release my child's
(School name)
information electronically pertaining to the recommendation request.

Parent Signature

Date

Student Name

Grade



HEALTH EXAMINATION FORM

Brentwood Christian School

To Be Completed by the Doctor

NAME _____ DATE OF BIRTH _____ HT. _____ WT. _____

VACCINES	*Date	*Date	*Date	*Date	*Date	*Date
DTP/DTaP/DT/Td						
OPV, IPV**						
Measles						
Mumps and Rubella						
Hib(pre-K4 only)						
PCV (pre-K4 only)						
Varicella						
Hepatitis A						
Hepatitis B						
Meningococcal						
TB Test and Result (need for TB test to be determined by physician)						

* month/date/year

** circle one

Comment in regard to these factors of child's GENERAL HEALTH:

1) Has this child: (Please explain any yes answers)

- | | | | |
|---|------------|-----------|--|
| a) had any chronic illnesses – i.e., Asthma, Diabetes, Cystic Fibrosis? | Yes: _____ | No: _____ | |
| b) had any allergies that require special attention or medication? | Yes: _____ | No: _____ | |
| c) had any past history of head injury, concussion, seizure, etc.? | Yes: _____ | No: _____ | |
| d) had any heart or blood pressure abnormalities? | Yes: _____ | No: _____ | |
| e) had any spinal injuries or spinal defects of any kind? | Yes: _____ | No: _____ | |
| f) had any need for medication at school? | Yes: _____ | No: _____ | |
| g) been exposed to tuberculosis? | Yes: _____ | No: _____ | |
| h) been subject to headaches? | Yes: _____ | No: _____ | |
| i) had any serious or significant accidents (give dates)? | Yes: _____ | No: _____ | |
| j) had any surgical procedures (give dates)? | Yes: _____ | No: _____ | |
| k) been prescribed corrective lenses (if so, date of last eye exam)? | Yes: _____ | No: _____ | |
| l) had any serious or significant dental needs? | Yes: _____ | No: _____ | |
| m) had the chicken pox (give date)? | Yes: _____ | No: _____ | |

2) List any limitations for this child's participation in physical education, sports or school activities. _____

Vision Screening	
Distance Acuity	R _____ L _____
Muscle Balance:	Pass Fail
Corrective Lens:	Yes No
<input type="checkbox"/> Pass	
<input type="checkbox"/> Referred for evaluation	
Signature _____	Date _____

Hearing Screening		
25 dB	R	L
500 Hz		
1000 Hz		
2000 Hz		
4000 Hz		
<input type="checkbox"/> Pass		
<input type="checkbox"/> Referred for evaluation		
Signature _____	Date _____	

Scoliosis Screening	
<input type="checkbox"/>	Normal
<input type="checkbox"/>	Referred for evaluation
<input type="checkbox"/>	Under doctor's care for Scoliosis
Signature _____	Date _____

Teeth _____
 Nose and Throat _____
 Skin _____
 Hair _____
 Thyroid _____
 Heart _____
 Lungs _____
 Orthopedic/Spine _____
 Emotional or nervous _____
 Nutrition _____
 Remarks _____

Date _____

Physician's Signature _____

Printed Name _____



**HEALTH HISTORY/INSTRUCTIONS FOR HEALTH NEEDS
Brentwood Christian School**

This form is to be completed by parents or guardians of any student applying to Brentwood Christian School who has a chronic or potentially serious health condition or any student currently enrolled who develops such a condition. Acceptance or continuance of students is condition upon full disclosure of information regarding health concerns and agreement to the terms of this statement.

Student's name _____

Applying for (or enrolled in) grade _____ for school year _____

Please state the exact nature and history of any chronic or potentially serious health condition:

Current written directives from a physician for medication or treatment:

Description of the initial triggering event and any subsequent common triggers:

Expectation of school personnel consistent with the school's Protocol for Students with Chronic or Severe Health Concerns:

The signature(s) of parents or guardians below verify that I/we have read the Protocol for Students with Chronic or Severe Health Concerns, and that I/we understand that the school is not a medical facility, is not accepting responsibility for the student's health care, and cannot provide medical treatment or any support or assistance beyond that specifically agreed upon prior to acceptance.

Parent or Guardian Signature

Date

Parent or Guardian Signature

Date

School Representative

Date

Student Name _____
Date of Birth _____

MEDICATION PERMISSION FORM

Brentwood Christian School will not administer any prescription or non-prescription medication without parental permission. If you want your child to receive a non-prescription medication, **the parent must send the medication in its original container along with a permission note.** The note must include name of medication, reason for giving medication, and amount and time to be given. Directions on over-the-counter packaging regarding age, dose and frequency will be adhered to. For prescription medication, parents must send the medicine in the original pharmacy prescription bottle with a permission note. Please fill out the form below if you would like to keep a permission form on file for your child.

Medication _____
Reason for giving medication _____
Amount to be given (dosage) _____ Time to be given _____
Date medication to be discontinued _____

Medication _____
Reason for giving medication _____
Amount to be given (dosage) _____ Time to be given _____
Date medication to be discontinued _____

Medication _____
Reason for giving medication _____
Amount to be given (dosage) _____ Time to be given _____
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Reason for giving medication _____
Amount to be given (dosage) _____ Time to be given _____
Date medication to be discontinued _____

Medication _____
Reason for giving medication _____
Amount to be given (dosage) _____ Time to be given _____
Date medication to be discontinued _____

This permission form is in effect and valid for as long as my child is enrolled at Brentwood Christian School.

Parent Signature _____ Date _____



PROTOCOL: Students with Chronic or Severe Health Concerns

Brentwood Christian School provides Christian education for students who are able to receive instructions in a mainstream classroom setting. The school is not able to provide special resources for students with severe physical handicaps, medical needs, or educational disabilities. The following policies apply to the acceptance and continuance of students with chronic and severe health conditions at Brentwood Christian School:

1. **Admission.** We will admit students to the school only when we are assured that their health, safety, and well being—and that of our other students and staff—can be maintained without unusual medical procedures or undue disruption to learning opportunities and the normal school day.
2. **Continuance.** Students who are diagnosed with a chronic or severe health condition after having been accepted to the school will be able to continue as students under the same conditions stated in regard to admission above.
3. **Self-management.** Brentwood Christian School does not accept responsibility for the student's health care. Students with chronic conditions (e.g., allergies, asthma, diabetes) must be responsible and self-managing, so that the role of the school is to double-check and follow up according to prior agreement rather than to check and administer treatment.
4. **Health History/Instruction Form.** Parents of students with any chronic condition must complete a health history/instruction form prepared by the school, providing this information:
 - a. The exact nature and history of the student's condition
 - b. Any written directives from a physician for medication or treatment
 - c. Descriptions of the initial triggering event and any subsequent common triggers
 - d. Expectations of school personnel consistent with this protocolParents' signature on this form indicates their understanding that the school is not a medical facility, is not accepting responsibility for the student's health care, and cannot provide medical treatment or any support or assistance beyond that specifically prescribed on this form.
5. **Privacy and disclosure.** Teachers of classes with students who have chronic health concerns will gain consent from parents for minimal disclosure of information about the students' condition. When needed and with the parents' consent, they will provide to their classes gentle general explanations of normal precautions to take regarding these students' health and signs to watch for in case of a problem. This will be done with care not to alarm other students unduly.
6. **Administration of medication.** Parents of students who must take prescription medication during the school day must bring their medication to school in the original container, properly labeled with the name of the student, the prescribing physician, the medication, and the dosage. The medication may be kept in the office or in the classroom in a locked drawer. The staff member or teacher who provides the medication to the student must record each dose on a log sheet. Medication that is given longer than two weeks requires a signed physician's order.
7. **Use of inhalers.** Students requiring inhalers may carry their inhalers with them throughout the day if the parent and physician agree that they should. If the inhaler is found outside the student's possession or is given to another student, it will thereafter be kept in the office. Parents will sign a contract regarding this agreement.
8. **Use of epipens.** Students with risk of anaphylactic shock may have epipens kept in the school office. Only with a written directive from a physician may they keep an epipen with them. In such cases, it may be kept in a carrying bag under the same conditions stated in regard to inhalers above.

Guardian Form



We, the Father and Mother of the Student, hereby grant full guardianship to the Guardian specified below, of the Student during his or her stay in the United States of America while under the age of 18 years. The necessary arrangements for the care and support, including medical care, of the Student have been made in order that the Guardian should act in the place of the Father and Mother.

Child (Student)

Full Name: _____ Date of Birth: _____

Passport #: _____

Father (of Student)

Full Name: _____ Date of Birth: _____

Address: _____

Phone Number: _____ Official ID: _____

Signature of Father: _____ Date: _____

Mother (of Student)

Full Name: _____ Date of Birth: _____

Address: _____

Phone Number: _____ Official ID: _____

Signature of Mother: _____ Date: _____

The Guardian must fill out their information in the presence of a notary on the Brentwood campus.

Guardian (for Student)

Full Name: _____ Date of Birth: _____

Phone Number: _____ DL #: _____

Residential Address: _____

E-mail: _____

Relationship to student: _____

Signature of Guardian: _____ Date: _____

Signed before me this _____ day of _____.

Nancy G. Tindel
Notary Public
State of Texas
County of Travis

International Student Application 2018-19

Thank you for your interest in establishing eligibility to participate in TAPPS competitions for this student. Information on International Student eligibility can be found on the TAPPS website in Section 102 of the TAPPS By-Laws. This process is required for all students who are not U.S. citizens.

Student status while attending the TAPPS member school *

- Exchange Student (CSIET Program)
- Exchange Student (Non-CSIET Program)
- School to School Exchange Program
- School has issued an I-20
- Other (if other please explain below)

Explanation of status if answer above was other

If an Exchange Student, please identify the CSIET approved program sponsoring the student.

School Name (City, School) * Austin Brentwood Christian School

School contact for international students * Nancy Tindel
First Last

Email for school contact * ntindel@brentwoodchristian.org

Phone number for school contact * 512 - 835 - 5983
####

Student Name *
First Last

Student Nickname (If Any)

Student Date of Birth * / /
MM DD YYYY

Gender (As shown on Visa, Passport, etc.) *
 Male Female

Parent Name *
First Last

Permanent Address *
Street Address
Address Line 2
City State / Province / Region

Postal / Zip Code

Country / Region

Who will the student reside with in the United States? * Parent Aunt/Uncle Brother/Sister
 Grandparent Cousin Guardian
 Boarding School

If other than parent, please provide the name of the Guardian

If other than parent, was the guardian appointed by a United States court of law? Yes No

If yes, please provide a copy of the court decree

If other than parent, was the guardian granted conservatorship in a United States court of law? Yes No

If yes, please provide a copy of the court decree

If other than parent, did the school assist with the placement of the student? Yes No

If other than parent, did the student reside with the guardian for more than three years prior to application to the school? Yes No

If other than parent, approximate date student began living with the guardian? / /
MM DD YYYY

If other than parent, is the family paying room and board to the guardian? Yes No

If other than a parent, is the guardian associated with any AAU, Club, Select, Academy or any other similar type organization? Yes No

If yes to the question above, does or will the international student be participating with this organization? Yes No

If the student will be participating with an AAU, Club, Select or Academy organization, is the student's family paying all expenses associated with club participation? Yes No

If the guardian is associated with any AAU, Club, Select, Academy or any other type organization, please check all options that apply?

- Owner
- Volunteer
- Director
- Manager
- Coach
- Parent

If the guardian is associated with any AAU, Club, Select, Academy or any other type organization, please check all options that apply?

- Baseball
- Golf
- Swimming
- Volleyball
- Basketball
- Soccer
- Track & Field
- Wrestling
- Football
- Softball
- Tennis

Name of AAU, Club, Select, Academy or other such team if guardian is a part of that organization.

If other than a parent, is the guardian an employee or otherwise associated with the member school?

- Yes
- No

If yes, please explain the guardian's role at the school.

Student's Address in United States *

Street Address

Address Line 2

City

State / Province / Region

Postal / Zip Code

Country / Region

Does the student reside in a boarding house?

- Yes
- No

If yes is the boarding facility owned by the school or operated by personnel employed by the school?

- Yes
- No

If the above is the guardian's residence, how many international boarding students reside at this address?

- 1
- 2
- 3
- 4
- more than 4

School Selection

Please complete the following questions regarding the choice of the TAPPS school.

How did the student and family learn of the TAPPS member school? *

- Internet Search
- Recruiter for school
- Referral
- Other

If other, please explain

Was a service used to recruit this student? *

- Yes
- No

If yes, please identify the service

If recruiter or referral please provide the name of the person or service

Date of first contact with the TAPPS member school? *

MM / DD / YYYY

Date of Application to the TAPPS member school? *

MM / DD / YYYY

Was the student interviewed by the school prior to acceptance? *

- Yes
- No

If yes, name of the school personnel conducting the interview?

Is testing required of all students prior to acceptance to the member school? *

- Yes
- No

If no, please explain

Did the student successfully complete testing prior to acceptance by the member school? *

- Yes
- No

Did the student complete the TOEFL or similar test prior to acceptance? *

- Yes
- No

**TOEFL READING SCORE
(Enter Number or N/A)**

**TOEFL Listening SCORE
(Enter Number or N/A)**

**TOEFL Speaking SCORE
(Enter Number or N/A)**

**TOEFL Writing SCORE
(Enter Number or N/A)**

Was acceptance to the school conditional with the student repeating a grade level? * Yes No

Did the school waive any application or testing fees for the student? * Yes No

If yes, please explain

Date of Acceptance to the TAPPS member school? * MM / DD / YYYY

Date parents enrolled the student in the member school? * MM / DD / YYYY

First day of attendance at the TAPPS member school? * MM / DD / YYYY

To be completed by the office upon student acceptance to BCS.

Student Education Information

Please complete the following in regards to the student's education prior to acceptance at the TAPPS member school

Has the student attended a junior high school or high school in the United States? * Yes No

If yes, please provide the name of the previous school attended in the United States.

Will the student be repeating a grade at the TAPPS school? * Yes No

Has the student graduated from high school or high school equivalent? * Yes No

Student grade in home country * 8 9 10 11 12

Student grade placement at the TAPPS member school * prior to 8 8 9 10 11 12

Date student entered the 8th grade in home country or in the United States? * MM / DD / YYYY

School at which the student attended the 8th grade *

Date student entered the 9th grade in home country or in the United States? * / /
MM DD YYYY

School at which the student attended the 9th grade *

School at which the student attended the 10th grade

School at which the student attended the 11th grade

Student participated in the following activities at the previous school *

- | | | |
|--|--|--|
| <input type="checkbox"/> no activities | <input type="checkbox"/> Cross Country | <input type="checkbox"/> Soccer |
| <input type="checkbox"/> Tennis | <input type="checkbox"/> Wrestling | <input type="checkbox"/> Baseball |
| <input type="checkbox"/> Football | <input type="checkbox"/> Softball | <input type="checkbox"/> Track & Field |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Golf | <input type="checkbox"/> Swim |
| <input type="checkbox"/> Volleyball | <input type="checkbox"/> Dance | <input type="checkbox"/> Cheerleading |
| <input type="checkbox"/> One Act Play | <input type="checkbox"/> Art | <input type="checkbox"/> Academic |
| <input type="checkbox"/> Music | | |

Student plans to participate in the following activities at the member school *

- | | | |
|--|--|--|
| <input type="checkbox"/> no activities | <input type="checkbox"/> Cross Country | <input type="checkbox"/> Soccer |
| <input type="checkbox"/> Tennis | <input type="checkbox"/> Wrestling | <input type="checkbox"/> Baseball |
| <input type="checkbox"/> Football | <input type="checkbox"/> Softball | <input type="checkbox"/> Track & Field |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Golf | <input type="checkbox"/> Swim |
| <input type="checkbox"/> Volleyball | <input type="checkbox"/> Dance | <input type="checkbox"/> Cheerleading |
| <input type="checkbox"/> One Act Play | <input type="checkbox"/> Art | <input type="checkbox"/> Academic |
| <input type="checkbox"/> Music | | |

Has the student participated on a National Team or National combine for any activity? *

- Yes No

If yes, please provide the country and activity.

Is the student nationally ranked in any activity in either the US or home country? *

- Yes
 No

If yes, please provide the country and activity

Has the student participated on a AAU, club or select team for any activity listed above? *

- Yes
 No

Has the student participated on a AAU, club or select team for any activity listed above with any current students at the member school? *

- Yes
 No

Has the student participated on a AAU, club or select team for any activity listed above with personnel from the member school? * Yes No

School Finance

Please provide answers to the following as it pertains to the payment for the student's education at the TAPPS member school.

Annual tuition for citizen students * \$ _____ Dollars _____ Cents

Annual Tuition for International Students at the TAPPS member school. * \$ _____ Dollars _____ Cents

Did the student receive financial aid to attend the member school? * Yes No

If the student received financial aid, please provide the amount of aid provided?

If the student received financial aid, please advise the documentation used in determining the amount of aid provided.

Tuition discount received if school personnel is the guardian

Person(s) making tuition payment to the school * Parent Guardian Parent's Employer Other

If other than parent, please provide additional information

By signature below, we affirm that we have completed this application, reviewed the responses to this questionnaire and agree that the information presented is complete and accurate. We understand that if we have provided false or misleading answers to these questions, the student's opportunity to participate in TAPPS extra-curricular activities may be forfeited. We understand that the student is not eligible for varsity participation until approved by the TAPPS Foreign Student Committee.

Student Signature / Date

Parent Signature / Date



Brentwood Christian School

STUDENT APPLICANT QUESTIONNAIRE

The student must complete this section of the application in his or her own handwriting.

What are your special interests and hobbies?

Which studies interest you most?

List any extracurricular activities in which you have participated: (Also list any awards or offices.)

School: _____

Church: _____

Community: _____

Do you plan to attend college after graduation? _____

Describe your plans briefly:

Please write in your own words the answer to the following question:

Do you wish to attend Brentwood Christian School? _____

Why? _____

Student Signature