ADDITIONAL CHILD APPLICATION

Belleville Mennonite School

Student Information

Student's Full Name (First, Middle, Last): _____ Male ☐ Female ☐

Student's Birth Date: _____ Student's Social Security Number: _____

Address: _____

Primary Email Address: _____

Primary Phone: _____School District of Residence: _____

What grade is student entering: _____ What school year are you applying for: _____

Does the student have any academic struggles or special needs? _____

_____

If transferring, school last attended: _____

If transferring, list any disciplinary issues: _____

If transferring, reasons for transferring: _____

_____

Pre-K (select one): **2-Day Preschool** **3-Day Preschool AM** **3-Day Preschool PM**
3 year old **&** potty trained) (4 year olds) (4 year olds)

If we cannot grant your preschool class preference, are you able to be flexible? _____ **YES** _____**NO**

KINDERGARTEN *(beginning 2025 Full Day only)*:

We will contact you to schedule testing which will take place in May. For planning purposes, please be reminded that your child is required to have a physical and dental examination completed upon enrollment into Kindergarten. Forms for these exams are available upon request and will be mailed to you along with the Kindergarten testing information. Your child must be 5 years of age on or before September 1. (There are no exceptions or provisions made for early entrance into kindergarten.)

Family Information

Father's Name: _____ Father's Cell Phone: _____

Father's Email Address: _____

Mother's Name: _____ Mother's Cell Phone: _____

Mother's Email Address: _____

Do both parents reside at the above address? Yes _____ No _____

Current marital status of parents (circle one): Single Married Widowed Divorced Cohabitating

If divorced or separated please share custody arrangements. _____

_____

Name of currently enrolled student(s)_____

Return this application with the $30.00 application fee to the school office.