



Bel-Red Bilingual Academy
Full Day Program Application Form
(2012 – 2013 School Year)

Student Name _____

Student Chinese Name _____

Birth-Date _____ **Gender:** M F

Apply For:

- | | | |
|---------------------------------------|--|---|
| <input type="checkbox"/> Third Grade | <input type="checkbox"/> Second Grade | <input type="checkbox"/> First Grade |
| <input type="checkbox"/> Kindergarten | <input type="checkbox"/> Junior Kindergarten | <input type="checkbox"/> Pre-Kindergarten |
| <input type="checkbox"/> Pre-School | | |

Home Address _____

Home Phone _____

Parent/Guardian

Is child living with both parents? _____ **If not, with whom?** _____

Father's Name _____ **Email** _____

Address _____

Work Phone _____ **Mobile Phone** _____

Work Place _____

Mother's Name _____ **Email** _____

Address _____

Work Phone _____ **Mobile Phone** _____

Work Place _____



Please list names and ages of other members of your family that your child relates to

Describe any daily medication for any reason for your child; any specific health problems which the staff should be aware of?

List any specific fears, likes, or dislikes your child has that might help us to know him/her better

Please mail the form with \$25.00 non-refundable application fee to

Admission Office
Bel-Red Bilingual Academy
15061 Bel-Red Road
Bellevue, WA 98007

Please make check payable to “Bel-Red Bilingual Academy”.