

Bellevue Christian School
Junior High/High School Visitation Day Policy and Permission Form

We're excited that your student will be visiting Bellevue Christian School! BCS encourages new student applicants to visit the campus and attend classes for a day prior to an enrollment decision.

To make the visitation experience successful, we ask that you complete this form for your student and return or fax it back to our office. Fax: (425) 454-4418

Student Name: _____ Current Grade: _____

Date of Visit requested: _____ Grade level you'd like to visit: _____

Visiting for (circle one): Whole Day Half Day (AM) Half Day (PM)

Student's current school: _____

Interests/hobbies/classes wanting to visit: _____

Is there a BCS student you'd like to have as the host? If yes, who? _____

EMERGENCY CONTACT INFORMATION & RELEASE

Are there any health issues BCS should be aware of? Yes No *If "Yes" please explain:*

Will your student need to self-administer medications while on campus? ___ Yes ___ No

If yes, a Medical Form must be submitted with this visitation form: ___ form attached

Male Parent/Guardian Name: _____

Preferred Phone #: _____

Preferred Email: _____

Female Parent/Guardian Name: _____

Preferred Phone #: _____

Preferred Email: _____

Physician's Name: _____ Phone: _____

Insurance Carrier: _____ Policy#: _____

My student has my permission to visit Bellevue Christian School. As parents or legal guardian, I authorize a licensed physician to examine the above-named student and in the event of injury to render such emergency care as he or she deems necessary for the treatment of such injury, including consultation and treatment by a specialist, including a surgeon. As parent or legal guardian, I authorize the school authorities to send the above-named to the hospital or doctor most accessible in the event of an emergency.

Signed: _____ Date: _____
(Parent/Guardian of visiting student)

For Office Use Only: Student Host _____