



**BEREAN  
JUNIOR ACADEMY**



**Student Application**

## **Berean Junior Academy School History**

The Berean Junior Academy is one of many Seventh-Day Adventist operated Pre-Kindergarten through Eighth grade day schools throughout North America. Seventh-Day Adventists have operated schools for over 100 years in this country. Our National Department of Education is headquartered in Silver Springs, Maryland. BJA, as it is affectionately known by many, has been in operation for over 80 years in the city of Charlotte and is the oldest African-American Christian Academy in the city of Charlotte and three surrounding counties. We have graduated many students who have become positive and productive citizens in the community. We are proud to continue this fine tradition year after year.

The Berean Junior Academy has a God-centered curriculum, geared for average to above-average students, where Liberal Arts is stressed and is accredited by the Parochial School Association of North America and holds state recognition from the North Carolina Department of Education, which means that students can matriculate into state accredited schools. The components of the curriculum are the following: Reading, Writing, Spelling, Math, Science, Language, Religion, Physical Education, Art, Choir and Computer Skills. We have a participatory environment where home and school work together challenging students to reach their fullest potential.

We believe that the development of the total child is important. The harmonious development of the mental, physical, social and spiritual aspect of the child is necessary if well-balanced people are to be introduced into our society. Therefore, we believe that young people should be thinkers and not mere reflectors of their environment.

Our student body is small and classes are multi-graded with a ratio of 15 to 1. Students in all grades (Pre-K through 8<sup>th</sup>) are required to wear uniforms while in attendance during the day. We begin each day with prayer and remind our students that God loves them and created them in His image. We stress that young people develop their love relationship with God, work hard, be honest, respect others and be positive. Our environment is conducive to learning, drug free and safe. Discipline based in love and fairness is administered to all students. Excellence is required and teachers stress that each individual do their best.

School History

## WHAT YOU WILL FIND AT BJA

PHYSICAL EDUCATION

SCHOOL CHOIR

DAILY DEVOTION

COMPUTER CLASSES

AFTERSCHOOL CARE

LOVE AND SECURITY

FIELD TRIPS

SMALLER CLASSES

BOYS/GIRLS CHORALE

MUSIC-N-MOTION

HANDBELL CHOIR

STUDENT NURTURING

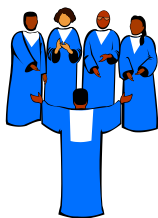
BEFORE SCHOOL CARE

GRADES PRE-K TO 8<sup>TH</sup>

FRUIT/NUT SALES

BIGGER SMILES

**COME ON IN AND STAY A WHILE!!!**



# BEREAN JUNIOR ACADEMY

## Registration Procedures

The following steps must be taken to complete the registration process:

### STEP 1

#### New Students:

##### Kindergarten

1. 5 years old by August 30<sup>th</sup>
2. Application Completed
3. Interview Completed
4. Copy of Birth Certificate
5. Copy of Social Security Card
6. Copy of Current Immunizations
7. Current Physical within the last 12 months
8. Consent to Treatment Form completed
9. Current Physical within the last 12 months

##### 1<sup>st</sup> – 8<sup>th</sup>

1. Application Completed
2. Interview Completed
3. Copy of Birth Certificate
4. Copy of Social Security Card
5. Copy of Current Immunizations
6. Current Physical within the last 12 months
7. Consent to Treatment Form completed
8. Records Transfer Form completed

#### Returning Students:

##### 1<sup>st</sup> – 8<sup>th</sup>

1. Update Records (address, home/work phone, etc...)
2. Current Shot Records & Current Physical in last 12 months

### STEP 2

**FEES: All Registration Fees are TO BE PAID IN FULL BEFORE SCHOOL BEGINS. The first month's tuition is DUE ON OR BEFORE THE FIRST DAY OF SCHOOL. Parents must sign a FINANCIAL CONTRACT for each student.**



# PERSONAL MEDICAL HISTORY

for \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Birthplace:** \_\_\_\_\_ **Sex:** \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ **Father's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Phone Numbers**

Mother@Home: \_\_\_\_\_ Mother@Work: \_\_\_\_\_ Cellular: \_\_\_\_\_

Father@Home: \_\_\_\_\_ Father@Work: \_\_\_\_\_ Cellular: \_\_\_\_\_

**Health Insurance (Mother)**

Carrier Name & Address: \_\_\_\_\_

Group Number: \_\_\_\_\_ Subscriber Number: \_\_\_\_\_

**Health Insurance (Father)**

Carrier Name & Address: \_\_\_\_\_

Group Number: \_\_\_\_\_ Subscriber Number: \_\_\_\_\_

**Doctor(s) Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_ **Address:** \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Current Medications:** \_\_\_\_\_ **Medication Allergies:** \_\_\_\_\_

1. \_\_\_\_\_ 1. \_\_\_\_\_

2. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 3. \_\_\_\_\_

**Food Allergies:** \_\_\_\_\_ **Other Allergies:** \_\_\_\_\_

1. \_\_\_\_\_ 1. \_\_\_\_\_

2. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 3. \_\_\_\_\_

**BEREAN JUNIOR ACADEMY  
CONSENT TO TREATMENT FORM**

Name of Child \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_

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

\_\_\_\_\_

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

Work/Daytime Phone: Mother \_\_\_\_\_ Father \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_

Emergency Contact Phone No. \_\_\_\_\_

Doctor's Name \_\_\_\_\_

Doctor's Phone No. \_\_\_\_\_

Dentist's Name \_\_\_\_\_

Dentist's Phone No. \_\_\_\_\_

Hospital Preference \_\_\_\_\_

I agree that Berean Junior Academy may authorize the physician/dentist of his/her choice to provide emergency care in the event that neither I nor the family physician/dentist can be contacted immediately.

---

(Signature of Parent/Guardian) \_\_\_\_\_ (Date) \_\_\_\_\_

**IMMUNIZATION HISTORY:** The daycare operator must enter the date each immunization was received. G.S. 130-90(B) requires all daycare facilities to have this information on file.

| Vaccine             | Date | Date | Date | Date | Date |
|---------------------|------|------|------|------|------|
| DPT/DTaP            |      |      |      |      |      |
| Polio/OPV/IPV       |      |      |      |      |      |
| Hib                 |      |      |      |      |      |
| MMR                 |      |      |      |      |      |
| Hep B               |      |      |      |      |      |
| Varicella           |      |      |      |      |      |
| Td or Tetanus       |      |      |      |      |      |
|                     |      |      |      |      |      |
| Physician Signature |      |      |      |      |      |

**Immunizations are required by State Law for any child entering daycare or any other educational setting.**

| DISEASES EXPERIENCED | DATE |
|----------------------|------|
| D.P.T.               |      |
| Measles              |      |
| Mumps                |      |
| Rubella              |      |
| Chickenpox           |      |
| Diphtheria           |      |
| Whooping Cough       |      |
| Polio                |      |
| HIV/AIDS             |      |
| Meningitis           |      |
|                      |      |



**PHYSICAL EXAMINATION:** This examination must be completed and signed by a licensed physician or his or her authorized agent who is currently approved by the N.C. Board of Medical Examiners.

|   |               |                    |              |
|---|---------------|--------------------|--------------|
| Weight: _____                                   | Height: _____ | Temperature: _____ | Pulse: _____ |
| Respirations: _____                             |               |                    |              |
| Skin and Scalp: _____                           |               |                    |              |
| HEENT: _____                                    |               |                    |              |
| Neck: _____                                     |               |                    |              |
| Chest: _____                                    |               |                    |              |
| Heart: _____                                    |               |                    |              |
| Lungs: _____                                    |               |                    |              |
| Abdomen: _____                                  |               |                    |              |
| Back: _____                                     |               |                    |              |
| GU: _____                                       |               |                    |              |
| Extremities: _____                              |               |                    |              |
| Neurologic: _____                               |               |                    |              |
| Result of Tuberculin Tine Test, if given: _____ |               |                    |              |
| Should activities be limited? _____             |               |                    |              |
| Opinions/Recommendations: _____                 |               |                    |              |

\_\_\_\_\_  
(Signature of Physician or Authorized agent who is currently approved  
by the N.C. Board of Medical Examiners)

\_\_\_\_\_  
Date of Examination

\_\_\_\_\_  
Office Address

\_\_\_\_\_  
Telephone Number

**AUTHORIZATION FOR PICK-UP  
AND  
DELIVERY OF CHILD(REN)**

I, \_\_\_\_\_, hereby authorize the following person(s) to call for, pick-up and/or have my child(ren) delivered to:

- |    |       |                    |
|----|-------|--------------------|
| 1. | _____ | Relationship _____ |
| 2. | _____ | Relationship _____ |
| 3. | _____ | Relationship _____ |
| 4. | _____ | Relationship _____ |
| 5. | _____ | Relationship _____ |

Child(ren) will be released **only** to individuals listed above.

---

**Permission for Field Trip/Outside Play**

I, \_\_\_\_\_, give permission for my child(ren) to go on field trips with Berean Junior Academy when deemed necessary by the facility.

Furthermore, I give permission for my child(ren) to play outside when outside play is included in the activities of the classroom and/or school.

---

Signature of Parent/Guardian

---

Date

## **Parent Information Sheet**

Please print information on lines provided

Mother's Name: \_\_\_\_\_  
(Last) (First) (Middle Int.)

Father's Name: \_\_\_\_\_  
(Last) (First) (Middle Int.)

Mother's Home Phone: \_\_\_\_\_ Work \_\_\_\_\_

Father's Home Phone: \_\_\_\_\_ Work \_\_\_\_\_

Are you interested in afterschool care? \_\_\_\_\_

### **This information is optional:**

Would you be interested in being a Room Parent? \_\_\_\_\_

Would you be interested in helping chaperone students on field trips? \_\_\_\_\_

Would you be interested in volunteering 1 hour a week? \_\_\_\_\_

Would you be interested in helping the Home and School Association? \_\_\_\_\_

Would you be interested in tutoring students? \_\_\_\_\_ How Often? \_\_\_\_\_

**Thank You**

**Berean Junior Academy**  
3748 Beatties Ford Road  
Charlotte NC 28216

(704)391-7800  
(704)391-7666  
(704)391-0505 (Fax)

Henrietta Bishop - Principal  
Shelia Faison - Registrar

**STUDENT RECORD RELEASE**

Date of Request: \_\_\_\_\_

School of Last Attendance:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dear Records Clerk Registrar:

The following student(s) have enrolled in our school on \_\_\_\_\_

| _____<br>Name | _____<br>Birthdate | _____<br>Grade |
|---------------|--------------------|----------------|
|---------------|--------------------|----------------|

| _____<br>Name | _____<br>Birthdate | _____<br>Grade |
|---------------|--------------------|----------------|
|---------------|--------------------|----------------|

\_\_\_\_\_, Registrar

I hereby authorize \_\_\_\_\_ to send the cumulative records, including transcripts, attendance records, test results, health and immunization records, grades to date of withdrawal, and other information that might assist in placement to:

**BEREAN JUNIOR ACADEMY**  
**3748 BEATTIES FORD ROAD**  
**CHARLOTTE NC 28216**

\_\_\_\_\_  
(Parent Signature)

**BEREAN JUNIOR ACADEMY**  
**3748 Beatties Ford Road**  
**Charlotte NC 28216**  
**(704) 391-7800**

*Sponsorship Form*

Dear Family/Friends:

We need your help this year with sponsorship for educational expenses for my child(ren). We are making a sacrifice to give our child(ren) a Christian education and would appreciate any funds that you are able to donate to assist in this process. We feel that our child will have a better opportunity at success if placed in a Christian environment now, while their young minds are still being molded.

You can choose to make a 10-month commitment or a one-time donation – either is appreciated. Please complete the form below and return it to Berean Junior Academy by August 1<sup>st</sup>. Make all checks and money orders payable to Berean Junior Academy.

I praise God for you and thank you in advance for making a Christian education possible for my child(ren).

Please CIRCLE the amount you agree to contribute on a 10-month commitment cycle or a one time donation for the year.

|                | (10-month cycle) | (One time donation) |
|----------------|------------------|---------------------|
| \$10.00/month  | = \$100.00/year  | \$100.00            |
| \$20.00/month  | = \$200.00/year  | \$200.00            |
| \$30.00/month  | = \$300.00/year  | \$300.00            |
| \$40.00/month  | = \$400.00/year  | \$400.00            |
| \$50.00/month  | = \$500.00/year  | \$500.00            |
| \$100.00/month | = \$1000.00/year | \$1000.00           |

SPONSOR'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NO: \_\_\_\_\_

SPONSORED STUDENT: \_\_\_\_\_

Amount of Commitment: Yearly - \$ \_\_\_\_\_ Monthly - \$ \_\_\_\_\_

## SCHOOL UNIFORMS

Any student who comes to school without being properly uniformed **WILL NOT BE ADMITTED TO CLASS**. Proper uniform attire for all students is as follows:

| Grade Level                       | Weekday             | UNIFORM CODE   |  |
|-----------------------------------|---------------------|--|--|
|                                   |                     | Boys   | Girls  |
| K-5 <sup>th</sup>                 | Monday              | *Navy Blue Cardigan Sweater/Vest<br>*Navy Blue Pants<br>*White dress shirt<br>*Navy blue necktie<br>*Belt<br>*Dress socks (Navy blue/Black)<br>*Casual Shoe (Black with Rubber Sole) | *Navy Blue Cardigan Sweater<br>*White Peter Pan collar blouse<br>*Plaid skirt/skort<br>*Plaid criss-cross tie<br>*Dark Tights or Socks (Black/Navy Blue)<br>*Casual School Shoe (Black/Navy Blue with Rubber Sole) |
| K-5 <sup>th</sup>                 | Scheduled P.E. Days | *School gym shirt (yellow or navy blue)<br>*Navy blue sweatpants/shorts<br>*White sweat socks<br>*Tennis shoes   | *School gym shirt (yellow or navy blue)<br>*Navy blue sweatpants/shorts<br>*White sweat socks<br>*Tennis shoes   |
| K-5 <sup>th</sup>                 | Tuesday - Thursday  | *Yellow/Green Polo Shirt<br>*Navy Blue Pants/Dress Shorts<br>*Belt<br>*Black/Navy Blue Socks<br>*Casual Shoe (Black with Rubber Sole)  | *Yellow/Green Polo Shirt<br>*Navy Blue skirt/jumper/skort/pants/dress shorts<br>*Dark tights or socks (Black/Navy Blue)<br>*Casual School Shoe (Black/Navy Blue with Rubber Sole)                                  |
| 6 <sup>th</sup> - 8 <sup>th</sup> | Monday              | *Navy blue cardigan sweater/vest<br>*Navy blue pants   | *Navy blue cardigan sweater<br>*Plaid skirt/skort<br>*White Peter Pan collar blouse<br>*Plaid criss-cross tie  |

|                                   |                     |   |  |
|-----------------------------------|---------------------|---|--|
|                                   |                     | *White dress shirt<br>*Belt<br>*Navy blue necktie<br>*Black/Navy Blue socks<br>*Casual Shoe (Black with Rubber Sole)              | *Dark tights or socks (Black/ Navy Blue)<br>*Casual School Shoe (Black/Navy Blue with Rubber Sole)   |
| 6 <sup>th</sup> - 8 <sup>th</sup> | Tuesday - Thursday  | *Royal Blue or Black Polo Shirts<br>*Khaki Pants/Dress Shorts<br>*Belt<br>*Black Socks<br>*Casual Shoe (Black with Rubber Sole)   | *Royal Blue or Black Polo Shirts<br>*Khaki skirt/skort/jumper/pants/dress shorts<br>*Black tights or socks<br>*Casual School Shoe (Black with Rubber Sole) |
| 6 <sup>th</sup> - 8 <sup>th</sup> | Scheduled P.E. Days | Bring gym clothes in a gym bag to change into (navy blue gym shirt, navy blue sweatpants/shorts, white sweat socks, tennis shoes) | Bring gym clothes in a gym bag to change into (navy blue gym shirt, navy blue sweatpants/shorts, white sweat socks, tennis shoes)                          |
| K-8 <sup>th</sup>                 | Fridays             | Dressdown (Blue jeans, polo shirt, sneakers)  | Dressdown (Blue jeans, polo shirt, sneakers)   |

Dress shorts may be worn through the end of September only and must be of proper length.

Lunch may be purchased on Fridays at a cost of \$3.50 per person (usually pizza) and should be paid for by Thursday of each week. All funds for lunch should be paid to Mrs. Bishop.

Please be aware that strict adherence to the school uniform policy will be enforced!!! We thank you in advance for your cooperation.

*From the Secretary's  
Desk*

Dear Parents:

The school office is open from 9:00 a.m. to 6:00 p.m. Monday through Friday. If you call outside of this time frame, please leave a message and your call will be returned as soon as possible.

**All payments are to be made at the front office only**, preferably by check or money order, but cash will also be accepted. If you need to make a payment after office hours, please use the drop box installed on the office door. A receipt will be issued to you on the next business day.

Parents are asked to please cooperate with us by not calling the school or asking for students to be removed from class to take personal phone calls. If it is a true emergency, a message will be taken and relayed to the student on the parent's behalf with a return message then being relayed to the parent on the student's behalf. Your cooperation is greatly appreciated!!!

Respectfully yours,

Shelia A. Faison  
Secretary/Bookkeeper