



New Bethel Adventist Christian Academy

Growing Hearts and Minds

2423 Woodruff Farm Rd
Columbus, GA 31907 706 569-0004

In case of Emergency and parents cannot be reached, contact:

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Doctor's Name _____ Phone _____

List any physical conditions, allergies, medications, and/or medical problems that would interfere with physical activities and any challenges of which the school should be aware. (If needed, please provide additional information on a separate sheet)

Consent for Medical Treatment

As the parent, agency representative, or legal guardian, I hereby give consent for New Bethel Adventist Christian Academy to provide all emergency dental or medical care prescribed by a duly licensed physician (M.D.) or dentist (D.D.S.) for my child. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependent.

Signature _____ Relationship _____

List previous schools attended

School Name	Address	City/State	Phone	Fax	Grades Completed

List person(s) authorized to pick up child(ren) after school: (Picture ID required for the files)

Name	Relation	Phone

In emergencies please text the principal and wait for a response

We are a Learning Organization. Please Share with Us!

Why do you want your child to attend this school?
What hobbies or interests does the student have?
What goals and aspirations do you have for the school?

Heaven Has Awesome Plans For Your Child So Prepare Them