

Please Print and fill out the following form and fax to: 864-573-8584 or mail to:
(SCBEST) Spartanburg County Bible Education in School Time
P.O. Box 3351, Spartanburg, SC. 29304

Student Registration Card

Parent or Guardian must sign

Student Name: _____

Student Email: _____

Grade: _____ Birth Date: _____

Address: _____

City: _____ Zip: _____

Student's Church (if applicable): _____

Name of Parent/ Guardian: _____

Relationship to Student: _____

Parent Email: _____

Daytime Phone: _____

Home Phone: _____

Health Problem or special needs: _____

Emergency Contact Information

Name of person to contact: _____

Relationship to student: _____

Telephone 1: _____ Telephone 2: _____

I, _____ request that my child _____ be released from _____ during an elective class

period to attend a Christian Education class offered by Spartanburg County Bible Education in School Time in partnership with local churches.

The Spartanburg County Bible Education in School Time (SCBEST) offer classes without regard for race, religion, sex, age, national origin, or handicap. All students must have parental permission and be escorted off school property and returned after each period by program staff. SCBEST carries all the necessary insurance and is legally responsible when students leave school property. Classes are offered during the school day but SCBEST is not part of the public school. The school does not endorse or oppose SCBEST but accommodates the wishes of parents to release their children for its classes.

By signing below, I understand that SCBEST has adapted the discipline code of my child's school and that my child may be removed from the SCBEST program for violations. I give permission for my child to participate in entrance and exit evaluation surveys.

Signed: _____ Date: _____