



**252.232.5050**

**[schooloffice.bwprep@gmail.com](mailto:schooloffice.bwprep@gmail.com)**

*Where Christian values and academic excellence come together!*

*We are thrilled you're considering joining the BridgeWay Preparatory Christian School family! At BWPCS, we set the standard for exceptional Christian education in Shawboro & Currituck County and Southeastern Virginia. Our commitment to each student's growth is unparalleled as we focus on developing their full potential through Individualized Learning Plans tailored to their unique needs.*

*Our school nurtures an academically rigorous and spiritually enriching learning environment. Our students receive the tools they need to succeed, combining knowledge, skills, and values to ensure they thrive in the ever-changing landscape of the 21st century.*

*We invite you to explore our website at **[www.bwpcskids.org](http://www.bwpcskids.org)** to learn more about our mission, educational philosophy, and the admissions process. If you have any questions or would like to schedule a personalized tour or consultation, please don't hesitate to contact us via email at **[schooloffice.bwprep@gmail.com](mailto:schooloffice.bwprep@gmail.com)**.*

*We look forward to partnering with you as we nurture and guide the next generation of leaders, thinkers, and problem-solvers.*

*In His Service,*

*Mrs. L. Seabury, BSBM, MM*



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Child's Name(s) & Grade(s) for 2025-2026 School Year:

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\_\_\_\_\_ ***Early Bird Re-Enrollment New Students before March 10th*** I understand that I am submitting a \$100 non-refundable deposit (per child) to hold a spot for my child for the 2025-2026 school year at BWPCS.

\_\_\_\_\_ ***Re-Enrollment New Students March 10th and after*** I understand that I am submitting a \$300 non-refundable deposit (per child) to hold a spot for my child for the 2025-2026 school year at BWPCS.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email Address: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Received by \_\_\_\_\_

Date filed \_\_\_\_\_



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**The 2025-2026 Enrollment and Tuition Fee Schedule**

Enrollment fee	\$300	<b>Per Student Due at Enrollment</b>
Curriculum Fee (This includes Book and Tech fees)	\$500	<b>Per Student due August 1</b>
Capital Improvement Fee	\$225	<b>Per Family</b>
Kindergarten	\$6750	<b>Per Student**</b>
1st-4th Grade Tuition	\$6750	<b>Per Student**</b>
5th-8th Grade Tuition	\$6750	<b>Per Student**</b>
9th-12th Grade Tuition	\$6750	<b>Per Student**</b>

**\*\*Sibling Discount\*\* 5% tuition discount on the youngest student's tuition.**

**\*\*Military and First Responders\*\* 10% tuition discount on families' tuition.**



## **BWPCS Enrollment Checklist**

- Student Enrollment Forms
  - Student Information
  - Parent/Guardian Information
  - Medical Information
  - Emergency Contact Information
  - Authorized Pick-Up List
- Medication Consent Form
- Medical Release
- Statement of Faith & Non- Discriminatory Policy
- Consent and Release Form
- Release of Records Form
- Birth Certificate
- School Physical Form
- Immunization Record
- Asthma Action Plan- if applicable
- Copy of IEP or 504- if applicable
- Custodial Documents- if applicable



## BridgeWay Prep Student Enrollment

### Student Information

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Enrollment Year: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

SSN: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Parent/Guardian #1 Information:

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

SSN: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Text Y/N: \_\_\_\_\_

Email Address: \_\_\_\_\_

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

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer: \_\_\_\_\_

### Parent/Guardian #2 Information:

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

SSN: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Text Y/N: \_\_\_\_\_

Email Address: \_\_\_\_\_

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

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Received By \_\_\_\_\_  
Date Filed \_\_\_\_\_



Employer: \_\_\_\_\_

**Previous Schools Attended**

**School Name:** \_\_\_\_\_

Grades Attended: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**School Name:** \_\_\_\_\_

Grades Attended: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**School Name:** \_\_\_\_\_

Grades Attended: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Additional Information**

Has this student ever been expelled or suspended from school? \_\_\_\_ Yes \_\_\_\_ No  
If so, please explain: \_\_\_\_\_

Has this student ever been arrested for a misdemeanor or felony? \_\_\_\_ Yes \_\_\_\_ No  
If so, please explain: \_\_\_\_\_

Received By \_\_\_\_\_  
Date Filed \_\_\_\_\_



### Medical Information

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_

Pediatrician: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_ Member #: \_\_\_\_\_

### Emergency Numbers

#### Parent/Guardian #1

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

#### Parent/Guardian #2

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

#### Emergency Contact

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### Authorized Pick-Up List

**Authorized Person 1** Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

**Authorized Person 2** Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

**Authorized Person 3** Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Received By \_\_\_\_\_  
Date Filed \_\_\_\_\_



**Authorized Person 4** Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Received By \_\_\_\_\_  
Date Filed \_\_\_\_\_





## MEDICATION CONSENT FORM

Name of child: \_\_\_\_\_

Name of medication: \_\_\_\_\_

Prescription: \_\_\_\_\_ Non-Prescription: \_\_\_\_\_ Dosage: \_\_\_\_\_

Date(s) medication to be given: \_\_\_\_\_

Times medication to be given: \_\_\_\_\_

Reasons for medication: \_\_\_\_\_

Possible side effects: \_\_\_\_\_

Name and phone number of prescribing physician: \_\_\_\_\_

Directions for storage: \_\_\_\_\_

**I, \_\_\_\_\_, (parent or guardian) give permission to authorized staff member(s) to administer medication to my child as indicated above.**

\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_

Date

\_\_\_\_\_  
Doctor's Signature (for prescription medication)

\_\_\_\_\_  
Date

Received by \_\_\_\_\_

Date filed \_\_\_\_\_



### **Medical Release**

**I give permission for BridgeWay Preparatory Christian School, Inc. to seek appropriate medical care for my child in the case I cannot be reached. This includes calling 911 or taking them to the hospital if necessary.**

**Should an emergency arise, it is understood that a conscientious effort will be made to locate, in order, all persons listed as emergency contacts on the registration form before emergency action is taken.**

**I agree to provide a copy of my child's immunization records to BWPCS.**

**I agree that any expenses of emergency treatment, care and transportation are my financial responsibility.**

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**Signature of Parent/Guardian**

Received by \_\_\_\_\_  
Date filed \_\_\_\_\_



## STATEMENT OF FAITH & NON-DISCRIMINATORY POLICY

I, as the parent/legal guardian signing below, believe and teach that Jesus Christ is the only Son of God, equal and eternal with the Father and Holy Spirit and that the Bible is the inspired Word of God and the only infallible rule of faith and practice.

**BridgeWay Preparatory Christian School, Inc. admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, scholarship and loan programs, athletic, or other school-administered programs.**

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**Parent/Legal Guardian Signature**

### Home Church Information

**Although church attendance is strongly encouraged, to enroll in BWPCS, it is not required.**

**Church Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**How long have you attended?** \_\_\_\_\_ **How frequently do you attend?** \_\_\_\_\_

Received by \_\_\_\_\_

Date filed \_\_\_\_\_



**Consent and Release:**

**For Students to be Filmed/Photographed for Use of Image/Voice in Digital Media**

I, \_\_\_\_\_, hereby grant BridgeWay Preparatory School, their successors, and their assignees the right to record the image and/or voice and use the artwork and/or written work of my child, \_\_\_\_\_, on videotape, on film, on photographs, in digital media and in any other form of electronic or print medium and to edit such recording at their discretion.

I understand that my child's full name, address and biographical information will not be made public. I further grant BridgeWay Preparatory School, their successors, and their assignees the right to use, and in any other medium and hereby consent to such use.

I hereby release BridgeWay Preparatory School, their successors, and their assignees and any use of my child's image and/or voice, artwork, and/or written work pursuant to this media release form any and all claims, damages, liabilities, costs, and expenses which my child or I now have or may hereafter have by reason of any use thereof.

I understand that the provisions of this release are legally binding. Please check one:

\_\_\_\_\_ I consent.

\_\_\_\_\_ I do not consent.

Printed Name of Parent/Guardian: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Student's Grade: \_\_\_\_\_

Received by \_\_\_\_\_

Date filed \_\_\_\_\_



## RELEASE OF RECORDS FORM

Permission is hereby granted to:

Previous School Name \_\_\_\_\_

Address \_\_\_\_\_

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

The above-named student has registered at: **BridgeWay Preparatory Christian School, Inc.**

Please release the following information:

- *Grades*
- *Health records*
- *Results of achievement and intelligence tests*
- *Personality rating and other similar data*
- *Grades in progress at time of leaving*
- *Any other material pertinent to the growth of the student*
- *Any psychological testing or Child Study Team information, including the most recent:*
  - *Educational Evaluation*
  - *Psychological Assessment*
  - *Social worker history*

Written information is to be sent to the attention of:

(School) **BridgeWay Preparatory Christian School, Inc.**

Address: **575 Shawboro Rd**

City, State, Zip: **Shawboro, North Carolina 27973**

Digital copies may be sent to: **schooloffice.bwprep@gmail.com**

**Authorization to release pupil's records:**

**I have enrolled my child in BridgeWay Preparatory Christian School, Inc. and authorize you to release the above named information**

Signature of Parent or Guardian : \_\_\_\_\_