



Bensalem Baptist Church

APPLICATION FOR ENROLLMENT
FOR
ELEMENTARY SCHOOL – GRADES K – 6

Name of
Student: _____
(Last) (First) (Middle)

Grade entering: _____ Date of Birth: _____

Student Address: _____

_____ Zip: _____

Home phone number: _____

Father's Name: _____ Work Number: _____

Address if different: _____

Mother's Name: _____ Work Number: _____

Address if different: _____

CHURCH

Home Church: _____

Address: _____ Phone: _____

_____ Zip: _____

Dr. B.W. Love
Senior Pastor

David Miller
Assistant Pastor
Christian Education

Rodney Love
Assistant Pastor
Youth/Music

Tammy Rivera
Director of
Academic Affairs

3351 Richlieu Road Bensalem, PA 19020 (215) 639-5433 *NEW-LIFE*

www.bensalembaptistchurch.org



Bensalem Baptist Church

ACADEMIC

_____ New Kindergarten student

School from which student will be transferring: _____

_____ Phone: _____

Address: _____

_____ Zip: _____

Reason for transfer: _____

How did you hear about Bensalem Baptist School? _____

Do you understand the Parent's Page? _____

Please return with the appropriate registration fee.

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