

What public school would your child have to attend according to zoning? _____

Date Received _____ Check # _____ Amount _____

FIRST BAPTIST CHRISTIAN ACADEMY
Application for Admission
2018-2019

Date: _____

Application for Grade: _____

STUDENT INFORMATION:

Student's Name: _____ Nickname: _____

Address: _____

Date of Birth: _____ Age: _____ Sex: _____ Race: _____

FAMILY INFORMATION:

Mother: _____

Father: _____

Home Address: _____

Home Address: _____

City, State, Zip: _____

City, State, Zip: _____

Church: _____

Church: _____

Contact #: _____

Contact #: _____

Contact #: _____

Contact #: _____

Email: _____

Email: _____

Occupation: _____

Occupation: _____

Business Phone: _____

Business Phone: _____

If there is a separation or divorce with whom does student reside: _____

LIST ANY ALLERGIES: _____

Doctor's Name: _____ Phone Number: _____

Emergency/Transportation Contacts:

These are people who have permission to pick up your student from FBCA and would be contacted in case of emergency. **These people are in addition to parents.**

Please list the following: Name, Relationship to Student and Phone Number

Name/Relationship _____ **Phone#** _____

Name/Relationship _____ **Phone#** _____

Name/Relationship _____ **Phone#** _____

List other siblings who attend FBCA and grade _____

Parent Signature

Date

For New Students Only:

Previous School _____ Phone #: _____

Has your child ever been expelled or asked to voluntarily withdraw from any previous school? _____

List any learning disabilities / IEPs or 504s: _____



Internet Use Agreement

As the parent or guardian of _____, I understand that the Internet access provided by FBCA will be used for educational purposes. The computers are being supervised by their teacher and do have the AFA filter installed. Students do not have free access to the internet. The students will be instructed to go to predetermined Internet sites and only those sites will be approved; however, I do understand that it is possible for some students to have the knowledge and ability to by-pass the filter to get to a website that has not been approved. If my student misuses the privilege of being on the internet and ventures into a website that is not suitable for educational purposes, I will not hold FBCA responsible for material obtained from the internet that is inappropriate for school use. I also understand that if the student violates this agreement they will lose their internet privilege and can be in danger of expulsion. I agree with these terms and give my permission for my child to access the internet at First Baptist Christian Academy.

Parent Signature: _____ Date: _____

Medical Consent

I hereby authorize and consent to the administration and staff, the care of my child, _____, during the time that he or she is in the school facility or a school sponsored event. In the event that I or alternate contacts cannot be reached in an emergency, I authorize medical care to be given to my child. I further acknowledge that I have read the contents of this registration form and agree to all content.

Parent Signature _____ Date: _____



First Baptist Christian Academy does not discriminate admission on the basis of race, color, national and ethnic origin.

**FIRST BAPTIST CHRISTIAN ACADEMY
STEPS TO ENROLLMENT:**

FOR RETURNING STUDENTS: Please completely fill out the following:

- Registration Form
- Internet Use Agreement- Please remember to sign
- Medical Consent
- Authorization Agreement for Pre-Authorization Payments (Only needed if bank information is to be updated)

If student has received any immunizations in the last year, please provide **updated** shot records.

FOR NEW STUDENTS: Please completely fill out the following:

- Registration Form
- Internet Use Agreement
- Medical Consent
- Authorization Agreement for Pre-Authorization Payments

The following documents must also be received:

- Copy of Birth Certificate
- Up-to-Date Immunization Records

Tuition is paid by automatic draft. In order to complete the registration process the automatic draft form **must** be filled out.

PLEASE NOTE: Enrollment of all new students will be pending official records from previous school.

FOR ALL STUDENTS:

Registration will not be processed until all items are received, forms signed and the non-refundable registration fee has been paid.



TUITION AND FEES FOR 2018-2019

GRADES	REGISTRATION (Per Family)	INSTRUCTIONAL (Per Student)	CAPITAL IMPROVEMENT (Per Family)	TUITION (August-May)
K-5 TH	\$250 by 3/15/18 after 3/15/18 \$300 for first child \$25 for each additional child	\$350 Bank drafted 6/21/18	\$350 Bank drafted 7/26/18	\$415 Bank drafted monthly or semi- monthly (August-May)
6 th - 8 th	\$250 by 3/15/18 after 3/15/18 \$300 for first child \$25 for each additional child	\$350 Bank drafted 6/21/18	\$350 Bank drafted 7/26/18	\$425 Bank drafted monthly or semi-monthly (August-May)

****Family Plan Discount for multiple children in same family (first child full tuition, 10% discount for 2nd child, 20% for 3rd, and 50% for 4 or more children).**

NOTE: A CHILD'S NAME WILL NOT BE PLACED ON A CLASS LIST UNLESS THE REGISTRATION FORM AND REGISTRATION FEES ARE RECEIVED IN FULL.

TUITION FEES will be automatically deducted from checking accounts on the 3rd or 17th of each month or semi-monthly on the 3rd and 17th (Aug.- May).

AUTHORIZATION AGREEMENT FOR PRE-AUTHORIZED PAYMENTS

CONSUMER NAME(S): _____

I (we) hereby authorize First Baptist Christian Academy, hereinafter called COMPANY, to initiate debit entries to my (our) checking account below and the depository named below, hereinafter called DEPOSITORY, to debit the same to such account.

DEPOSITORY NAME: _____

BRANCH: _____

CITY _____ STATE _____ ZIP _____

TRANSIT / ABA NUMBER: _____

ACCOUNT NUMBER: _____

This authority is to remain in full force and effect until COMPANY and DEPOSITORY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

CONSUMER NAME (S) _____ DATE: _____
(PLEASE PRINT)

SIGNED: _____ SIGNED: _____

_____ Please deduct on the 3rd of each month.

_____ Please deduct on the 17th of each month.

_____ Please deduct 1/2 on the 3rd & 1/2 on the 17th of each month.