

FIRST BAPTIST ACADEMY

A Ministry of First Baptist Church

7706 Ewing Road
Powell, TN 37849
(865) 947-8503

www.firstbaptistacademy.us

APPLICATION FOR ADMISSION

Student Name _____

Applying for Grade _____

Received Date and Time _____

INSTRUCTIONS

For assistance in completing the form(s) please call the school office.

Please complete each item. If an item is not applicable, write in N/A or "none." Applications will be reviewed according to the date the completed form and all required documents have been received and accepted by the school.

Return the completed and signed application form along with all requested documents, and the \$100⁰⁰ Registration Fee, to the School Office between 8:30 a.m. and 4:00 p.m. Should you be unable to get to the school during that time, you may mail the application to the school.

ENROLLMENT POLICIES

Acceptance of a student will be based upon the availability of grade-level space, student test results, and parent/student interview results. Final acceptance is contingent upon the parent's (guardian's) acceptance of enrollment noted by the school's receipt of a signed Financial Contract, and a signed Student Acceptance Letter.

The Academy will only enroll those students whose academic, physical, and emotional needs can be reasonably met.

The Academy has the right to positively affect the school climate by refusing admission to, or removing from, the school any student or family whose influence would be detrimental to the goals or the reputation of the school.

First Baptist Academy admits students of any race, color, nationality, or ethnic origin. It does not discriminate on the basis of race, color, nationality or ethnic origin in the administration of its educational policies, admissions policies, or other school-administered programs.

SIGNATURE OF PARENTS OR LEGAL GUARDIAN

I am applying for admission to the First Baptist Academy for (*Student's Name*) _____.

I agree to abide by all FBA rules and to be responsible for the student's adherence to the same regulations. I also agree to the terms and conditions included in all supporting documents necessary for the student's consideration for and possible acceptance into the First Baptist Academy. I understand that First Baptist Academy and First Baptist Church reserve the right to deny admission or continued enrollment to the student whose enrollment is deemed by school officials not to be in the best interest of the school, this student, or other students.

I assert that all statements made on this page and succeeding pages of the Application for Admissions are accurate and complete to the best of my knowledge.

Printed Name of Parent or Legal Guardian

Signature of Parent or Legal Guardian

Date

Printed Name of Parent or Legal Guardian

Signature of Parent or Legal Guardian

Date

STUDENT INFORMATION

Student's Full Name: _____

Name student goes by: _____

Gender: ___ male ___ female

Primary/Legal Address: _____
and street city state zip

Home Phone: _____ Cell Phone: _____ email: _____

Birth date: _____ Social Security #: _____

The student lives at home with _____ both parents _____ father only _____ mother only
(check one): _____ other: _____

Church Membership/Affiliation: _____ Pastor's Name: _____

List All Schools(and grade levels) Attended : _____

Home Schooled? _____ Sponsoring School: _____

Has the student ever been issued an In School Suspension or an Out of School Suspension? _____ Expelled? _____

*Briefly explain the circumstances.
Include the name of the school
the dates, and the principal's name.*

Asked to withdraw from any school? _____

Has the student ever been retained? _____ What grade(s)? _____ School: _____

Has the student experienced any severe physical, emotional, or social problems? _____

Please Explain

Has the student ever been enrolled in a special education class? _____ When? _____

Does the student have any known learning disabilities? _____

Please explain.

Are there any legal, home, marital, or spiritual problems currently affecting the student? _____

*Explain the circumstances, and
Describe the current situation.*

STUDENT INFORMATION (continued)

List three adult references who know the student. At least one of the references should be an active church leader. In the event you are unable to provide the name of a church leader, you may substitute the name of an active adult member of First Baptist Church who knows the student.

	Name	Address	Phone #	Relationship
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Briefly state why you wish to enroll your child at First Baptist Academy. (If completing more than one application, it is necessary to complete this section only once.)

How did you hear about First Baptist Academy?

PARENT/GUARDIAN/FAMILY INFORMATION

FATHER/GUARDIAN

MOTHER/GUARDIAN

Name:	_____	_____
Address:	_____	_____
City/State/Zip Code:	_____	_____
Home/Cell Phone:	_____	_____
Primary Email:	_____	_____
Occupation:	_____	_____
Employer Name:	_____	_____
Employer Phone #:	_____	_____
Work Email:	_____	_____
Church Membership:	_____	_____
Pastor's Name:	_____	_____

Do you plan to apply for financial assistance for tuition? _____ If yes, you may pick up a Financial Aid form when you return this application. That form must be completed and returned to the school before the application process can be completed.

CHECKLIST OF FORMS:

- | | | |
|----------------------------------|---|--|
| ____ Registration Fee (\$100) | ____ Copy of Student's last report card | ____ Authorization of Release of Records |
| ____ Birth Certificate | ____ Standardized test results | ____ Health History checklist |
| ____ Certificate of Immunization | ____ Permission/Release Agreement | ____ Pastor Recommendation Letter |