



# First Baptist Academy

1111 East Highway 50

O'Fallon, IL 62269

Office number: (618) 726-6040 | Fax number: 618 632-6050 | [www.fbaofallon.org](http://www.fbaofallon.org)

First Baptist Academy does not discriminate against students of any race, color, Nationality, ethnic origin, or social status for admission or in the administration of its educational policies, or other school-administrated programs. FBA is a ministry of First Baptist Church which is founded on the principles of Christian faith. Parents will be expected to support the statement of faith detailed in the Parent Handbook by signing the Parent Pledge of acceptance without mental reservation. The school reserves the right, within its sole discretion, to refuse admission of an applicant or to discontinue enrollment of a student or staff member if the atmosphere or conduct within a particular home or the activities of the student/staff are counter to or are in opposition to the Statement of Faith. Substantial disagreement with school policies or philosophy is sufficient for dismissal of a student after enrollment.

## STUDENT INFORMATION

**Student's Full Name:** \_\_\_\_\_  
Last First Middle Name child responds to in class

**Age** \_\_\_\_\_ **Applying for Grade** \_\_\_\_\_ **To Enter Year** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Child's address** \_\_\_\_\_  
Street City State Zip Code

**Parent Email** \_\_\_\_\_

## FAMILY INFORMATION

<b>Father's Name</b> _____ <small>Last First Middle Initial</small>		<b>Mother's Name</b> _____ <small>Last First Middle Initial</small>	
Home Phone	Cell Phone	Home Phone	Cell Phone
Employer	Business Phone	Employer	Business Phone
Father's Address if different from child: Street _____ City _____ State _____ Zip _____		Mother's Address if different from child: Street _____ City _____ State _____ Zip _____	

Date of Application \_\_\_\_\_

Date of Interview \_\_\_\_\_

Guardian's Name: _____			
Last		First	
Middle Initial			
Home Phone	Cell Phone	Business Phone	Employer
_____	_____	_____	_____
Guardian's Address if different from child:			
_____			
Street	City	State	Zip

Marital Status: Married ( ) Divorced ( ) Separated ( ) Widowed ( ) Single ( )

\*If separated or divorced, does non-custodial parent have visitation privileges? \_\_\_\_\_

With which parent does child reside? \_\_\_\_\_

To whom should Notices of School Activities and School Correspondence be sent?

\_\_\_\_\_

Name and address of person responsible for payment of bill:

\_\_\_\_\_

Religious Affiliation \_\_\_\_\_

**NEW/TRANSFER STUDENTS ONLY**

School last attended \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Any grades: \_\_\_\_\_ Skipped \_\_\_\_\_ Repeated \_\_\_\_\_ Grades(s) \_\_\_\_\_

Has child ever been: \_\_\_\_\_ Suspended \_\_\_\_\_ Expelled \_\_\_\_\_ or referred to administration for disciplinary reasons? If so, please give details or attach a copy of the evaluation:

\_\_\_\_\_

Special talents and /or interests \_\_\_\_\_

How did you learn about FBA? \_\_\_\_\_

**PARENTAL CONSENT**

I, \_\_\_\_\_ do hereby give permission for my child to attend and participate in activities sponsored by First Baptist Academy. I understand that I will be given advance notice with specific details of any field trip or activity scheduled and a permission slip for completion.

My child may ride in any necessary and convenient transportation provided by First Baptist Academy in connection with the activities.

In case of an emergency when the parent is unable to be reached, I authorize an adult representative of First Baptist Academy to consent to any and all medical and hospital care treatment as deemed necessary for the health and well-being of my child by a duly licensed physician until the time I am able to be reached/arrive. I understand that I shall be fully responsible for, and agree to pay for, all costs and expenses incurred in connection with such medical services rendered to my child pursuant to this authorization.

I give my permission for \_\_\_\_\_ to participate in a  
Child's name

Vision/hearing screening (depending on grade). You will be notified before screening takes place. I understand there is no charge for the screening and I will be contacted directly if screener detects a possible developmental delay.

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

I agree not to hold First Baptist Academy, its employees and agents, either jointly or severally, from and against any and all claims, damages, causes of action or injuries incurred or arising out of or relating to any activities conducted or sponsored by First Baptist Academy. I state that the information on this form is correct.

**MUST BE SIGNED IN THE PRESENCE OF A NOTARY**

\_\_\_\_\_  
Parent or Guardian Signature Date

The foregoing instrument was acknowledged before me this date \_\_\_\_\_ 20\_\_\_\_  
by \_\_\_\_\_ (name of person named above), whom I personally know or who  
has produced \_\_\_\_\_ (type of identification) as identification.

\_\_\_\_\_  
Notary Signature Date Notary Seal

**MEDICAL AUTHORIZATION**

Medications being taken \_\_\_\_\_

Allergies \_\_\_\_\_

Special Health Conditions \_\_\_\_\_

Treatment for Health Problems \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Name of Doctor to be called \_\_\_\_\_ Telephone \_\_\_\_\_

Name of Dentist to be called \_\_\_\_\_ Telephone \_\_\_\_\_

Name of Hospital preferred \_\_\_\_\_

**List two people we can contact in a medical emergency, if parents cannot be reached:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone \_\_\_\_\_

Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone \_\_\_\_\_

Work phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

The undersigned understands and acknowledges that First Baptist Academy does not have a medical staff or a nurse available on its staff. The School is not permitted to administer any internal medication without a signed/notarized parent permission slip and accompanied by a Doctor's written prescription. Forms are available in office.

In case of accident or serious illness, the parent will be contacted immediately. If parent cannot be reached, the school has permission to do whatever is needed to provide care and treatment for my child, to include transporting my child to the nearest emergency room or calling an emergency paramedic ambulance service.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

**TRANSPORTATION AUTHORIZATION**

**LIST 2 OTHER PEOPLE, BESIDES THE ONES LISTED ABOVE, WHO MAY PICK UP YOUR CHILD:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone \_\_\_\_\_

Work phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Person(s) who may **NOT** pick up student

\_\_\_\_\_

# Parent's Pledge of Acceptance

***\*No student will be enrolled unless parents sign below, without mental reservation, the Parent's Pledge of Acceptance agreeing to uphold the Statement of Faith (also located on page 11 of the Parent Student Handbook)***

After carefully reading the Parent/Student Handbook, the Statement of Faith, Biblical Morality Statement, the Christian Education Philosophy, parent and student expectations, tuition, book, and fees responsibilities, I/we sign our intent to support and fulfill all obligations outlined in the First Baptist Academy Handbook without mental reservation.

- I/we have read, understand and agree to follow First Baptist Academy's Philosophy of Education and Purpose/Mission.
- I/we have read, understand and agree to follow First Baptist Academy's Statement of Faith and Biblical-Morality Policy.
- I/we understand that First Baptist Academy is a ministry of First Baptist Church, is administered by the School Administrator who reports to the Senior Pastor, and that FBA is governed through the First Baptist Church leadership team.
- I/we accept and agree to the parent responsibilities and understand my responsibility for parent-teacher communications.
- I/we understand and support the student responsibilities.
- I/we support discipline procedures as outlined and understand this procedure will be used with my child.
- I/we understand suspension or expulsion can be a consequence of continued misbehavior.
- I/we accept financial responsibility for my child, all fees and other expenses incurred, and agree to make payments on time. I understand that delinquent account may result in my student being dismissed from the school. All school accounts must be paid in full before school records or grades will be released.
- I agree to notify First Baptist Academy of any changes of address, phone numbers, emergency contacts, or health issues as soon as they occur.
- I/we agree that, if for any reason, our child does not respond favorably to the school, we will not try to change the school to fit his/her needs, but will withdraw quietly and without delay.

My signature signifies that I have carefully read the First Baptist Academy's Parent/Student Handbook and agree to abide by all policies and guidelines set forth by the school without mental reservation. Both parents must sign.

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Parent Signature

Date

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Parent Signature

Date

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Student Signature (6 – 12<sup>th</sup> grade)

Date