



First Baptist Academy

1111 East Highway 50

O'Fallon, IL 62269

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

First Baptist Academy does not discriminate against students of any race, color, nationality, or ethnic origin 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. I/we understand and accept that all of First Baptist Academy's instruction and policies will be consistent with and rooted in its Statement of Faith, Biblical Morality Policy and religious beliefs. I/we agree and give consent to the education of my/our student in accordance with these beliefs. Parents/guardians will be expected to abide by the statement of faith and biblical morality policy as detailed in the Parent Handbook and acknowledge that by signing the Parent Pledge of acceptance at the end of this application 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 if the atmosphere or conduct within a particular home or the activities of the student are counter to or are in opposition to the Statement of Faith and Biblical Morality Policy. Substantial disagreement with school policies or philosophy is sufficient for dismissal of a student after enrollment. Enrollment at FBA is a privilege not a right. (updated 2-10-25, CLT)

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

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

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

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:

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

My/our 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/guardian is unable to be reached, I/we 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/we are able to be reached/arrive. I understand that I/we shall be fully responsible for, and agree to pay for, all costs and expenses incurred in connection with such medical services rendered to my/our child pursuant to this authorization.

I/we 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/we understand there is no charge for the screening and I/we will be contacted directly if screener detects a possible developmental delay.

Mother/Guardian Signature Date

Father/Guardian Signature Date

I/we 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/we state that the information on this form is correct.

MUST BE SIGNED IN THE PRESENCE OF A NOTARY

Mother/Guardian Signature Date

Father/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 _____

I/we the undersigned understand and acknowledge 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 the office.

In case of accident or serious illness, the parent will be contacted immediately. If the parent cannot be reached, the school has permission to do whatever is needed to provide life-saving care and treatment for my child, to include transporting my child to the nearest emergency room or calling an emergency paramedic ambulance service. I agree that any and all disputes will be resolved by use of our grievance procedures in alignment with the Matthew 18 principles located in the Parent/Student Handbook 4.813.

Both Parents or Guardian's Must Sign

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 abide by the Statement of Faith (sample 4.102 in the Parent Student Handbook)***

I/we hereby affirm that I/we have read the Student Handbook and discussed its religious beliefs and policies with my student. I/we understand and accept that all of First Baptist Academy's instruction and policies will be consistent with and rooted in its Statement of Faith, Biblical Morality Policy and religious beliefs. I/we agree and give consent to the education of my student in accordance with these beliefs. I/we certify that I/we consent to and will submit to all governing policies of the school, including all applicable policies in the Student Handbook. After carefully reading the Parent/Student Handbook, the Statement of Faith, Biblical Morality Policy, the Christian Education Philosophy, parent and student expectations, tuition, book, and fees responsibilities, I/we sign our intent to abide by 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 FBCO/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 (FBCO), is administered by the School Administrator who reports to the Governing Board, and that FBA is governed through the First Baptist Church's pastoral leadership team.
- I/we accept and will abide by the parent responsibilities and understand my/our 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/our child, all fees and other expenses incurred, and agree to make payments on time. I understand that a 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/we 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, I/we will not try to change the school to fit his/her needs but will withdraw quietly and without delay.

My/our signature signifies that I/we 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 and all 6-12th grade students must sign.**

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Student Signature (6 – 12th grade)

Date