



**NEW/TRANSFER STUDENTS ONLY**

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

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

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

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

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

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

**Parent's Pledge of Acceptance**  
(to be submitted with completed application)

After carefully reading the Christian Education Philosophy, parent and student expectations, tuition, book, and fees responsibilities, I/we can sign our intent to support and fulfill all obligations outlined in the First Baptist Academy handbook.

- ❖ I/we have read and understand First Baptist Academy's educational philosophy and statement of faith.
- ❖ I/we understand that First Baptist Academy is administered by a First Baptist Church ministerial staff member and is governed through the church leadership team.
- ❖ I/we accept and agree to the parent responsibilities and understand my responsibility for parent-teacher communication.
- ❖ I/we understand and support the student responsibilities.
- ❖ I/we support the 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.
- ❖ 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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**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 to contact if parents cannot be reached:

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

Driver License # \_\_\_\_\_ Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Beeper # \_\_\_\_\_

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

Driver License # \_\_\_\_\_ Work phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Beeper # \_\_\_\_\_

LIST ONE PERSON OTHER THAN THE ABOVE WHO MAY PICK UP STUDENT:

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

Driver License # \_\_\_\_\_ Work phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Grandparent Names \_\_\_\_\_ Telephone \_\_\_\_\_

Driver License # \_\_\_\_\_ Work phone \_\_\_\_\_ Telephone \_\_\_\_\_

Grandparent Names \_\_\_\_\_ Telephone \_\_\_\_\_

Driver's License # \_\_\_\_\_ Work Phone \_\_\_\_\_ Telephone \_\_\_\_\_

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

The School is not permitted to administer any internal medication.

In case of accident or serious illness, I ask that the school contact me. If the school cannot reach me, the school is to contact and follow the instructions of the physician or dentist listed. If the school cannot contact this physician or dentist, the school may do whatever is needed to provide care and treatment for my child. If the person listed on this consent form cannot be reached, school personnel have permission to transport the child to the nearest emergency room or to call an emergency paramedic ambulance service.

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

\_\_\_\_\_  
Date

