



Central Baptist School FAMILY APPLICATION

5470 Raleigh LaGrange Road * Memphis, Tennessee 38134
New Student Information: (901) 386-8161 * Fax: (901) 869-8432
Web Site: www.CentralBaptistSchool.org

Date Received _____

For Office use only:
Application fee paid _____
Transcript requested _____
Transcript received _____
Interviewed _____
Tested _____
Grade placement _____
Accepted _____
Waiting list _____
Admission denied _____

Email Address:

STUDENT
Name: Last _____ First _____ Middle _____

ADDRESS Street _____ City _____ State _____ Zip Code _____ PHONE _____

Date of Birth _____	Male	Female	Birth Place _____	Social Security # _____
Grade enrolling for _____	School(s) attended last year: (Name & address)			How did you hear about us?
Pre-school – Kindergarten: Half Day /or Full Day (circle one if applicable)				
Any grade repeated?				

Ever dismissed, suspended, or disciplined at any school?
Yes ___ No ___ If yes, explain:

Any physical disability? Yes ___ No ___
Nature of disability:

Family Church _____ (Name) _____ (Address) _____ (Pastor)

Does the applicant attend Sunday School? Yes ___ No ___
(Name and address of teacher, if available):

- In making this application, I understand that:
1. My child will go on scheduled field trips and other school activities.
 2. The teacher has full discretion in the classroom discipline of my child.
 3. The administration has full responsibility for placing my child in the proper grade.
 4. My cooperation is expected in faithful prayer and regular tuition payment.
 5. The school reserves the right to dismiss any student who does not respect its spiritual standards or cooperate in the educational progress.

Signature of both parents preferred; one will be accepted.

FATHER _____

MOTHER _____

PERSONAL AND FAMILY INFORMATION DATA

Name of child (full name)	Height	Weight
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What outstanding ability (physical, mental, artistic, musical) does the child possess?

How often has this child changed schools? _____ What grade levels? _____

How long has he/she lived at the present address? _____

Any unusual factors in the child's life? (such as absence of father or mother, invalidism of either, in-laws or grandparents in home, unusual accidents or serious illness, adoption, etc.)

Comment:

Names and birth dates of brothers and sisters:

Father's name	Mother's name
Employer	Employer
Telephone #	Telephone #
Occupation	Occupation
Marital status: Married___ Remarried___ Separated___ Divorced___ Widower___	Marital status: Married___ Remarried___ Separated___ Divorced___ Widower___

We desire to enroll this child in this school because

Are you applying for the admission of all your school-aged children? Yes ___ No ___
If not, why?

____ We have read the Statement of Faith and Objectives and are willing to have our child trained in accordance with them.

Signature of both parents preferred; one will be accepted.

FATHER _____ MOTHER _____

Address to which reports are to be sent: _____



7th -12th GRADE ONLY
APPLICATION FOR ADMISSION

Central Baptist School

5470 Raleigh LaGrange Road * Memphis, Tennessee 38134
New Student Information: (901) 386-8161 * Fax: (901) 386-9165
Web Site: www.CentralBaptistSchool.org



Please print in pen or type all information

Male

Name: _____
Last First Middle

Female

Mailing address: _____
Street City State Zip Code

Birth date: _____ Telephone No.: _____

If not presently living with parents please explain.

ADMISSION INFORMATION

Applying to attend grade: _____ Entrance date: Fall _____ Spring _____

EDUCATION

School now attending: _____

Mailing address: _____
Street City State Zip Code

Telephone No.: (____) _____

Sports participated in: _____

Fine Arts (music, art, drama, etc.) participated in: _____

Are you being home schooled? yes no

Have you taken the ACT? yes no When? _____

Have you taken the TCAP? yes no English portion: Pass Fail

Math portion: Pass Fail

List any courses you did not pass since completing the 7th grade. (Include the course name and grade)

List all math, science and social studies courses you have taken since 9th grade.
