

# Central Baptist School Family Application

Date Received \_\_\_\_\_

For office use only:

Application fee paid \_\_\_\_\_  
 Transcript requested \_\_\_\_\_  
 Transcript received \_\_\_\_\_  
 Medical report \_\_\_\_\_  
 Interviewed \_\_\_\_\_  
 Tested \_\_\_\_\_  
 Grade placement \_\_\_\_\_  
 Accepted \_\_\_\_\_  
 Waiting list \_\_\_\_\_  
 Admission denied \_\_\_\_\_

Last

First

Middle

NAME

Street

City-State

Zip

ADDRESS

PHONE

Date of Birth

Male

Female

Birth place

Grade last year

Any grade repeated?

Email Address

Social Security #

School(s) attended last year: (Name & address)

How did you hear about us?

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 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
Occupation	Occupation
Employer	Employer
Telephone #	Telephone #
Marital status: Married ___ Remarried ___ Separated ___ Divorced ___ Widower ___	Marital status: Married ___ Remarried ___ Separated ___ Divorced ___ Widow ___

We desire to enroll this child in this school because

Are you applying for the admission of all your school-aged children? \_\_\_\_\_  
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: \_\_\_\_\_

\_\_\_\_\_