



# faithbaptist

## christian academy

### *Enrollment Policies & Checklist*

1. Application for enrollment is open to students of all gender, race, and national or ethnic origin.
2. Application for enrollment is open to new students from March 1 until the administration closes a class.
3. Enrollment is based on a combination of the student's entrance test results, the interview, and the student's past academic and behavioral performance.
4. Enrollment is based on the final decision of the administration in its effort to balance the classroom and its makeup.
5. Enrollment decisions will be made in a timely manner in order to allow families who are not selected to seek alternative educational opportunities.
6. It is not the direct goal of the administration to fill all seats available, but to select the student candidates who will best fit the academic, spiritual, and family goals and objectives of the school.

#### CHECKLIST

To accept a paper application for enrollment, the following items must be completed or turned in with the application:

- ☐ Both parents' signatures on the back of the completed Family Application
- ☐ One parent's signature on the back of the completed Student Application
- ☐ Check for non-refundable application fee (all students; see tuition information for amount)
- ☐ Copy of student's original birth certificate
- ☐ Signed Conflict Resolution page
- ☐ Completed and Signed Authorization for Release of Educational Records
- ☐ Completed and Signed Photo Release Form
- ☐ Completed and Signed Payment Preference Form / Scholarship Commitment Form
- ☐

After we have taken your application for processing, the following items will be required before a student will be accepted:

- ☐ Transcript from previous school (grade 1 and above)
- ☐ Admission testing results (grade 1 and above)
- ☐ Georgia Certification of Immunization
- ☐ Completed Reference Forms

Parents should anticipate a one week review period after the reception of ALL the admission materials listed above before the enrollment decision is made. The process may take longer at certain times of the year (i.e. the last two weeks of summer, enrollments in December, etc.)

Parents are advised not to withdraw their child from their current school until AFTER they have been officially accepted by Faith Baptist Christian Academy.

The first payment will be due no later than August 1 if starting at the beginning of the school year.



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## *Application for Enrollment*

### **STUDENT INFORMATION**

Student's Full Name \_\_\_\_\_  
Last First MI

Name student prefers \_\_\_\_\_ Grade entering \_\_\_\_\_

Student Cell Phone \_\_\_\_\_ Student E-mail Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ School Term Applying For \_\_\_\_\_

Has student repeated any grades? ☐ No ☐ Yes If yes, explain \_\_\_\_\_

School previously attended \_\_\_\_\_ Dates \_\_\_\_\_

Reason for non-return \_\_\_\_\_

Does any outstanding balance exist with other schools? ☐ No ☐ Yes If yes, explain \_\_\_\_\_

How did you learn about our school? \_\_\_\_\_

Has applicant ever had any discipline or emotional problems in school? ☐ No ☐ Yes If yes, explain \_\_\_\_\_

Has applicant ever been suspended/expelled? ☐ No ☐ Yes

Has applicant ever used alcohol/drugs/tobacco? ☐ No ☐ Yes

Does applicant have any handicaps or disabilities that may affect his/her progress of which the teacher should be aware? ☐ No ☐ Yes If yes, explain \_\_\_\_\_

## MEDICAL AUTHORIZATION AND INFORMATION

Family Doctor \_\_\_\_\_

Doctor's Phone Number \_\_\_\_\_

Medical Conditions \_\_\_\_\_

\_\_\_\_\_  
List any prescription medications \_\_\_\_\_

Doctor prescribing medications (if different from above) \_\_\_\_\_

Prescribing Doctor's Phone Number \_\_\_\_\_

Instruction for administration of medication \_\_\_\_\_

\_\_\_\_\_  
Allergies \_\_\_\_\_

Past serious illnesses or hospitalizations (with dates) \_\_\_\_\_

\_\_\_\_\_  
Date of last Tetanus Shot \_\_\_\_\_

Health Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Group # \_\_\_\_\_

***I hereby authorize Faith Baptist Christian Academy to give and/or obtain emergency medical assistance for my student in the event that I cannot be reached. I also assume full financial responsibility for any such medical service rendered.***

Parent or Legal Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

☐ FBCA may administer recommended dosage of Tylenol (initial please \_\_\_\_\_)

☐ FBCA may administer recommended dosage of Ibuprofen (initial please \_\_\_\_\_)



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### *Application for Enrollment*

#### **FAMILY INFORMATION**

Parental Status: ☐ Married ☐ Separated ☐ Divorced ☐ Father Deceased ☐ Mother Deceased

Father's Full Name \_\_\_\_\_ Father's Employer \_\_\_\_\_

Father's Work Phone \_\_\_\_\_ Father's Cell Phone \_\_\_\_\_

Father's Email Address \_\_\_\_\_

Mother's Full Name \_\_\_\_\_ Mother's Employer \_\_\_\_\_

Mother's Work Phone \_\_\_\_\_ Mother's Cell Phone \_\_\_\_\_

Mother's Email Address \_\_\_\_\_

Guardian's Full Name \_\_\_\_\_ Guardian's Employer \_\_\_\_\_

Guardian's Work Phone \_\_\_\_\_ Guardian's Cell Phone \_\_\_\_\_

Guardian's Email Address \_\_\_\_\_

Living with: ☐ Both Parents ☐ Mother ☐ Father ☐ Stepmother

☐ Stepfather ☐ Guardian ☐ Other

Names of other household members \_\_\_\_\_ Relationship \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_

#### Paternal Grandparents

Names \_\_\_\_\_ Home Phone \_\_\_\_\_

Grandfather Cell Phone \_\_\_\_\_ Grandmother Cell Phone \_\_\_\_\_

Address \_\_\_\_\_

#### Maternal Grandparents

Names \_\_\_\_\_ Home Phone \_\_\_\_\_

Grandfather Cell Phone \_\_\_\_\_ Grandmother Cell Phone \_\_\_\_\_

Address \_\_\_\_\_

## EMERGENCY INFORMATION

*The following information is needed in case of an emergency.*

Individuals to contact if parents cannot be reached for a medical emergency (in contact order):

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

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

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

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

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

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

## PICK-UP AUTHORIZATIONS

**The following people ARE authorized to pick up my child(ren):**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

**The following people ARE NOT authorized to pick up my child(ren). If one of the persons listed is a parent, then FBCA must have court action papers on file in the office.**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

## REFERENCE INFORMATION

To complete the processing of your application, list references as requested below (please do not include relatives):

Pastor\_\_\_\_\_ Church\_\_\_\_\_ Phone\_\_\_\_\_

Address\_\_\_\_\_ City\_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_

Family Friend\_\_\_\_\_ Phone\_\_\_\_\_

Address\_\_\_\_\_ City\_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_

Family Friend\_\_\_\_\_ Phone\_\_\_\_\_

Address\_\_\_\_\_ City\_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_

State briefly the reasons why you wish to send your student to Faith Baptist Christian Academy

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## STATEMENT OF COOPERATION

We, as parents/guardians who are accepting the challenge to "Train up a child in the way he should go," do state that this training will be carried on in the home. We shall place our trust in the Christian school to extend and complement that training more completely.

We promise that the home will provide a secure haven of safety... free from the influences that we recognize as harmful.

The Bible consistently represents Christianity as monotheistic and exclusive. It teaches that all men are in need of salvation and a relationship with the one true God of the Bible. (Romans 3:10, 3:23, 6:23, 5:1) It also teaches that Christ is the way, the truth, and the life, and that no man can come to salvation and a relationship with God but through Christ. (John 14:6; Acts 4:12) Accordingly, Faith Baptist Christian Academy rejects modern notions of religious pluralism. Faith Baptist Christian Academy teaches that belief systems other than Christianity do not provide alternative paths to salvation from sin or a relationship with God. Rather, at best, they provide moralistic teaching with a false hope of a relationship with some god other than the God of the Bible. Consistent with our Christian mission, Faith Baptist Christian Academy teaches that belief systems other than Christianity are false and should be rejected in favor of Christianity, which is the only means of attaining salvation and a personal relationship with the one true God of the Bible.

We hereby invest authority in the school to train and discipline our child(ren) as necessary. We further agree that we will cooperate and discipline our child(ren) in the home as needed (Proverbs 13:24, 19:18, 22:6; Colossians 3:20; Hebrews 12:6) in order to further affirm our personal love and care.

We understand that official acceptance is based on admission test scores, transcript review, personal interview results, and availability of enrollment space. We agree to pay the entire annual tuition according to the predefined payment schedule and to conclude all required payments on or before the 5th of the last month of the school year. We understand that tuition payments shall be no more than 30 days past due in order to ensure a student(s) privilege to remain in class. We also understand that if any portion of tuition (or supplemental fees) is not current, then report cards will not be issued nor will records necessary for transfer be released.

We also give permission for our child(ren) to take part in all school activities, including sports and all school-sponsored trips away from the school premises, and absolve the school and its delegates from liability toward us or our child in the event of an injury to our child at school or during any school activity.

We understand and agree that attendance at Faith Baptist Christian Academy is a privilege, not a right; and pledge further that, should our child be accepted as a student in the school, we will do everything possible to have our child(ren) complete the entire academic year.

The information provided by us in this application is to the best of our knowledge accurate and true. We fully realize that applications for enrollment are accepted on a merit basis. Faith Baptist Christian Academy has the right to dismiss the application of any student who does not wish to conform to a lifestyle in harmony with the Scriptures or who fails to meet the standards of admissions as outlined in the current Student-Parent Handbook.

We have read and agree with the policies outlined in the current Student-Parent Handbook and agree to abide by those policies.

Are both parents/guardians in complete agreement that the applicant should attend Faith Baptist Christian Academy?     ☐ Yes   ☐ No

*To validate this application, the signatures of both living parents or legal guardians must appear below.*

We, as parents/guardians of the student applicant(s), sincerely give our pledge to all items as stated above, and affix our signatures as a witness to that fact. We, as parents/guardians of the student applicant(s), verify that this information is true and accurate.

Parent/Legal Guardian Name (please print)\_\_\_\_\_

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

Parent/Legal Guardian Name (please print)\_\_\_\_\_

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



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### *Authorization for Release of Educational Records*

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Last School Attended \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

In accordance with the Family Education and Privacy Act of 1974, I consent to the release of all educational records to Faith Baptist Christian Academy. I further agree for any other information requested to be released to Faith Baptist Christian Academy, concerning the named student.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

#### **RECORDS CLERK, GUIDANCE COUNSELOR, OR PRINCIPAL:**

The student named above has made application for admission to Faith Baptist Christian Academy. We would appreciate you promptly sending the following:

1. Transcript and latest grades
2. Standardized test results
3. Any special testing results or placement in special programs
4. All disciplinary records or official statement of disciplinary action
5. All health records and certificate of immunization

Please mail to:      Admissions  
Faith Baptist Christian Academy  
PO Box 100  
Ludowici, GA 31316





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## *Conflict Resolution Complaint or Problem Procedure*

Occasionally during the course of the year, misunderstandings or problems can arise between the teacher and a student, teacher and parent, or parent and school in any one of several possible areas. This is often the result of a communication breakdown between those involved.

*Matthew 18:15-17,*

*Moreover if thy brother shall trespass against thee, go and tell him his fault between thee and him alone: if he shall hear thee, thou hast gained thy brother. But if he will not hear thee, then take with thee one or two more, that in the mouth of two or three witnesses every word may be established. And if he shall neglect to hear them, tell it unto the church: but if he neglect to hear the church, let him be unto thee as an heathen man and a publican.*

I agree by my signature below to handle complaints or problems in the way described below:

1. It is never appropriate, and oftentimes compounds the problem, to discuss any problem with other parents. In light of the Biblical mandate for conflict resolution, I agree not to discuss problems I am having with a teacher or the school with any other parent.
2. I agree to call or email the school office first and ask that the teacher contact me.
3. If, after discussing the situation with the teacher, I am unable to get the problem solved, I will call the school office to request a conference with the administration.

Parent/Guardian Signature \_\_\_\_\_ Date Signed \_\_\_\_\_



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### *Photo Release Form*

Faith Baptist Christian Academy would like to include photos of students, teachers, and school activities on its website and in school promotional materials. Though the names of faculty, staff, and administration will regularly be used, it is our policy that the full names of students will not. Occasionally, it might be necessary to use the first name of a student, but no last names, addresses, and/or telephone numbers will ever be used.

Please read the choices below and check one to indicate your preference.

☐ We/I hereby give permission to Faith Baptist Christian Academy to publish in print, electronic, or video format the likeness or image of our/my child(ren), along with first name, for Faith Baptist Christian Academy promotional materials and the Faith Baptist Christian Academy website and social media. I release all claims against Faith Baptist Christian Academy with respect to copyright ownership and publication, including any claim for compensation related to use of the materials.

☐ We/I hereby deny permission to Faith Baptist Christian Academy to publish in print, electronic, or video format the likeness or image of our/my child(ren) for Faith Baptist Christian Academy promotional materials and the Faith Baptist Christian Academy website and social media.

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date Signed \_\_\_\_\_



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### Payment Preference Form

All families must return this form with your payment option checked below and all other required forms in this packet submitted as part of the application process.

Financially Responsible Party: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Faith Baptist Christian Academy makes use of cash, check, and credit card payment(s)\* for our families. Payment may be made either on-line or in the school office.

#### ANNUAL FEES:

Registration Fee*	\$450.00	June 1	<b>Per Family</b>
Accreditation/Admin. Fee*	\$100.00	July 1	<b>Per Child</b>
Curriculum Fee (1-2 Grade) *	\$275.00	July 1	<b>Per Child</b>
Curriculum Fee (3-6 Grade) *	\$325.00	July 1	<b>Per Child</b>
Curriculum Fee (7-12 Grade) *	\$375.00	July 1	<b>Per Child</b>

**\*These fees are to be paid once a year.**

#### WEEKLY TUITION:

Tuition Cost**	\$100.00	1 Student	<b>Due Weekly</b>
Tuition Cost**	\$200.00	2 Students	<b>Due Weekly</b>
Tuition Cost**	\$300.00	3 Students	<b>Due Weekly</b>

**\*\*This cost is to be paid per week, and per student, between the dates of August 13, 2020 – May 28, 2021. This cost will be due every Thursday by 3:00 pm. If it is not paid on time, you will be assessed a \$15.00 late fee.**

**NOTE: Faith Baptist Christian Academy will collect any incidental fees billed to an account also on the 1st of each month. Also, Faith Baptist Christian Academy will charge a \$30.00 late fee each time a tuition payment is received after the fifth (5th) of the month.**

**\*Credit Card Payments can be made using American Express, Discover, Visa, or MasterCard. An additional 2.75% convenience fee is added to each payment when using this option.**

\_\_\_\_\_  
Responsible Party

\_\_\_\_\_  
Date