

# FAITH BAPTIST CHRISTIAN ACADEMY

PO BOX 100 – LUDOWICI, GA 31316  
PHONE – (912) 545-9136 FAX – (912) 545-3157

## APPLICATION FOR ADMISSION

Date \_\_\_\_\_ SSN \_\_\_\_\_

Student's Full Legal Name \_\_\_\_\_

Name by which student is called \_\_\_\_\_

Sex \_\_\_\_\_ Race \_\_\_\_\_ Is your student adopted? \_\_\_\_\_

Applying for grade \_\_\_\_\_ Desired entrance date \_\_\_\_\_

Place of birth \_\_\_\_\_ Date of birth \_\_\_\_\_

Parent's Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_

### **Mission and Purpose**

*The mission and purpose of Faith Baptist Christian Academy is to assist parents in their God-given responsibility of educating their children by providing a Christ-centered environment where students are trained spiritually, academically, socially, and physically. FBCA seeks to prepare students for a lifetime of service for God and others by teaching them to apply God's Word to their daily living.*

Are you in agreement with our mission and purpose statement?

No  Yes

Do you consider your home to be a Christian home?

No  Yes

Please explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name(s) and mailing address of person(s) responsible for school bill \_\_\_\_\_

\_\_\_\_\_

***Relationship to student*** \_\_\_\_\_

***How did you hear about Faith Baptist Christian Academy?*** \_\_\_\_\_

***Why are you considering Faith Baptist Christian Academy?*** \_\_\_\_\_

(Use additional paper if necessary) \_\_\_\_\_

***Does the family attend church regularly?***  No  Yes

(If yes, please give specific denomination) \_\_\_\_\_

Please give full name and address where church membership is currently held:

***Has the student ever been arrested?***  No  Yes

(If yes, use additional paper to explain.)

***Does the student live with both natural parents?***  No  Yes

If no, what best describes your family situation? (Check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Mother and stepfather | <input type="checkbox"/> Mother only        |
| <input type="checkbox"/> Father and stepmother | <input type="checkbox"/> Father only        |
| <input type="checkbox"/> Living together       | <input type="checkbox"/> Divorced/separated |
| <input type="checkbox"/> Guardian              | <input type="checkbox"/> Grandparents       |

Please indicate the following:

- |   |                                |  |
|---|--------------------------------|--|
| <input type="checkbox"/> Legal custody    | <input type="checkbox"/> Joint | <input type="checkbox"/> Sole – who? _____ |
| <input type="checkbox"/> Physical custody | <input type="checkbox"/> Joint | <input type="checkbox"/> Sole – who? _____ |

- 1) Please provide a copy of the most recently entered court order concerning custody.
- 2) If joint legal custody exists, the non-custodial parent must grant consent prior to enrollment (see below).

**Enrollment Consent Statement for Non-Custodial Natural Parent**

*Your name (please print):* \_\_\_\_\_

Please state your relationship to the above named student: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

By signing this form, I agree and consent to the enrollment of my above named child at Faith Baptist Christian Academy. I understand that signing this consent does not entitle me to extra copies of my child's academic and behavior records or extra time with my child's teachers.

Your signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of last school attended: \_\_\_\_\_

Complete mailing address of school: \_\_\_\_\_

Telephone number of school: \_\_\_\_\_

Name and title of principal or guidance counselor: \_\_\_\_\_

If this is a Christian school, did you leave with an outstanding account balance?  No  Yes

Reason for leaving the previous school \_\_\_\_\_

Is your student currently receiving a corporate tax incentive scholarship?  No  Yes

Name of the scholarship agency \_\_\_\_\_

Has the student ever had serious behavior problems?  No  Yes  
(If yes, please explain in detail.) \_\_\_\_\_

Has the student ever been suspended from school?  No  Yes  
(If yes, please explain in detail.) \_\_\_\_\_

Has the student ever been asked to leave a school?  No  Yes  
(If yes, please explain in detail.) \_\_\_\_\_

Has the student ever been retained?  No  Yes  
(If yes, please indicate grade and year.) \_\_\_\_\_

Has the student ever had excessive absences in school?  No  Yes  
(If yes, state reason and year) \_\_\_\_\_

Does the student have any of the following items in their room?

Yes or No: \_\_\_\_\_ Radio/stereo \_\_\_\_\_ TV \_\_\_\_\_ Nintendo \_\_\_\_\_ Phone  
\_\_\_\_\_ Computer (Internet Access)

Has the student been tested for learning problems?  No  Yes  
(If yes, please state the diagnosis) \_\_\_\_\_

Does the student know his/her multiplication tables?  No  Yes

List names and addresses of other schools the student has attended. \_\_\_\_\_

\_\_\_\_\_

**Overall ability of student** \_\_\_\_\_ *Above average* \_\_\_\_\_ *Average* \_\_\_\_\_ *Below Average*

***Ninth-Twelfth Grade Only (these 3 questions)***

Did the previous school have the block scheduling system? \_\_\_\_\_ No \_\_\_\_\_ Yes

How many high school credits has the student earned? \_\_\_\_\_

What courses is the student presently taking? \_\_\_\_\_

Does the student have any physical condition that might affect his/her safety or adjustment to school?

No  Yes

If yes, please explain: \_\_\_\_\_

Has the student ever had problems with and/or been treated for use of any of the following?

No   Yes

\_\_\_\_ *Drugs* \_\_\_\_ *Alcohol* \_\_\_\_ *Tobacco* \_\_\_\_ *Smoking* \_\_\_\_\_ *Other*

(If yes, use additional paper to explain in detail)

Is the student presently taking any prescription medication regularly?  No  Yes

(If yes, give name of medication, dosage, and condition for the prescribed medication)

\_\_\_\_\_

Has the student been hospitalized within the past year?  No  Yes

(If yes, give date(s) and reason(s.)) \_\_\_\_\_

Has the student ever been treated for any nervous, mental, or emotional disorder?

No  Yes

(If yes, give when and over how long of a period) \_\_\_\_\_

Please list any additional comments that might have a bearing on school adjustment, achievement, or behavior:

*To the best of our knowledge, this application for admission has been completed with all the information requested. Any omissions or misrepresentations could result in the student's dismissal.*

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Student's Signature (grades 7-12)