

# FIRST BAPTIST CHRISTIAN SCHOOL

1211 N. VERMILION DANVILLE, IL 61832

217-442-2434

217-442-8731 FAX

## APPLICATION FOR ADMISSION

Student's full name: \_\_\_\_\_

Present address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of birth: \_\_\_\_\_ SSN# \_\_\_\_\_

Place of birth: \_\_\_\_\_

Grade last attended: \_\_\_\_\_ Grade(s) repeated: \_\_\_\_\_ Entering Grade: \_\_\_\_\_

School(s) attended previous year: \_\_\_\_\_

Ever dismissed, suspended or disciplined at any school? Yes \_\_\_\_\_ No \_\_\_\_\_

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

Please describe any specific health problems or disabilities: \_\_\_\_\_

Has the student ever received special education services or had an IEP at any school? Yes \_\_\_\_\_ No \_\_\_\_\_

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

Family Church: \_\_\_\_\_

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

In making this application, I understand:

1. The school reserves the right to dismiss any student who does not respect its spiritual standards and cooperate in the educational process.
2. My cooperation with the school is expected in: (a) regular tuition payment, (b) practical help, and (c) faithful prayer.
3. The administration has full responsibility for placing my child in the proper grade.
4. The teacher has full discretion in the classroom discipline of my child.
5. My child may go on scheduled field trips and other school activities.

Signature of parent or legal guardian \_\_\_\_\_ Date \_\_\_\_\_

**PERSONAL AND FAMILY INFORMANTION**

1. How often has the student changed schools? \_\_\_\_\_

2. Are there any unusual factors about the student's physical or mental health? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe fully: \_\_\_\_\_

\_\_\_\_\_

3. Are there any circumstances in the home situation that may affect the student's adjustment or performance in the classroom? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please describe fully: \_\_\_\_\_

\_\_\_\_\_

4. Has the student made the decision to accept Jesus Christ as his or her personal Savior?

Yes \_\_\_\_\_ No \_\_\_\_\_ Don't Know \_\_\_\_\_

5. Father's name: \_\_\_\_\_

married \_\_\_\_\_ separated \_\_\_\_\_ divorced \_\_\_\_\_ widowed \_\_\_\_\_

6. Has the father made the decision to accept Jesus Christ as his personal Savior? \_\_\_\_\_

7. Mother's name: \_\_\_\_\_

married \_\_\_\_\_ separated \_\_\_\_\_ divorced \_\_\_\_\_ widowed \_\_\_\_\_

8. Has the mother made the decision to accept Jesus Christ as her personal Savior? \_\_\_\_\_

9. Please list the names of brothers and sisters and their ages: \_\_\_\_\_

\_\_\_\_\_

10. Briefly describe why you would like for your child to be enrolled at First Baptist Christian School.

\_\_\_\_\_

\_\_\_\_\_

11. We are willing to have our child trained in accordance with the statement of faith and school procedures and we personally ascribe to the statement of faith and school procedures.

Signature of parent or guardian \_\_\_\_\_ Date \_\_\_\_\_

**EMERGENCY INFORMATION**

Student's full name: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_

SSN#: \_\_\_\_\_

\_\_\_\_\_  
Father's Name

\_\_\_\_\_  
Mother's Name

\_\_\_\_\_  
Father's address (if different than student's)

\_\_\_\_\_  
Mother's address (if different than student's)

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

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

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

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

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Extension

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Extension

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

\_\_\_\_\_  
Office Phone

In case of emergency, the school will attempt to reach one of the parents first. Please provide us with the names of two others who may be contacted when you cannot be reached.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Relationship

In the event that my child is injured or needs medical attention of any kind, I understand that First Baptist Christian School will attempt to reach me or one of the persons listed above. However, in the event that no one can be reached, I authorize First Baptist Christian School to seek emergency medical treatment for my child when deemed necessary by the administration or faculty/staff member in charge of my child. I authorize the doctor chosen by First Baptist Christian School to treat my child, including injections, stitches, or any other medical procedure necessary.

Signature of parent or legal guardian: \_\_\_\_\_ Date: \_\_\_\_\_

# Statement of Cooperation

In making application to First Baptist Christian School, I understand and agree to the following:

## FINANCIAL GUIDELINES

- It is my responsibility as a parent/guardian to pay tuition on the current financial information sheet and my tuition contract.
- No records will be released until all bills are paid up-to-date; delinquent payment may be cause for suspension and having my account turned over to an outside agency for collections.
- The Registration, Book, and Activity Fees are non-refundable.
- Assessments will be made to cover lost or damaged school property.
- Students with delinquent accounts may be allowed to participate in semester exams, final exams, graduation exercises, or extra-curricular activities.

## DISCIPLINE GUIDELINES

- The school reserves the right to dismiss any student who is found to be out of harmony with the rules and policies of First Baptist Christian School.
- The teacher and school administration are hereby given full discretion, within school policy, concerning the discipline of my child.
- Disciplinary measures include, but are not limited to, conduct reports, demerits, suspensions, and expulsions.

## ACADEMIC GUIDELINES

- The school administration assumes the final responsibility for the grade placement of my child.
- To help my child master the material being taught at school, I will work with my child at home as needed and will take responsibility for my child completing his assignments on time.

## RELIGIOUS GUIDELINES

- Students are expected to be open to the biblical teachings of the school.
- I understand that the school does not allow the expression of any religious belief (whether verbal, visual, or otherwise) that are out of harmony with the teachings and beliefs of First Baptist Church.

## HEALTH CARE GUIDELINES

- I understand that the school does not currently employ a registered nurse; a member of the office staff is assigned to oversee the health care needs of the students.
- I will cooperate with the health care policies of the school.
- If my child is injured or becomes ill, I request that the school take whatever action it deems necessary, which may include contacting a parent, administering first aid, calling 911, etc.

## ADDITIONAL JUNIOR/SENIOR HIGH GUIDELINES

- My child is expected to establish and maintain a Christian testimony with the staff and students.
- I will ensure that my junior high and/or senior high child attends a Bible-preaching church each week.

## GENERAL GUIDELINES

- I will ensure that my child participates in all required school activities.
- As a parent, I am expected support the standards, policies, and teachings of the school at home.
- Should there be any questions or concerns involving the school, I agree to contact the teacher or the administration (without involving other school families) in an attempt to resolve the concern.
- Should the problem with the school not be remedied, I agree to quietly withdraw my child from school without encouraging discord or unrest among the other school families.
- I agree not to hold First Baptist Christian School liable for enforcing their guidelines and policies.
- I understand that my child may be photographed and his/her image may be used for promotional purposes.

**I have read the information in this application and agree to cooperate with the First Baptist Christian School Parent/Student Handbook and all other policies and guidelines. I understand that this Statement of Cooperation is subject to change at the discretion of the First Baptist Christian School administration.**

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Parent Signature

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Parent Signature

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Date