

BAPTIST ACADEMY

2565 S. Villa Avenue

Indianapolis, IN 46203

(317) 788-1587

APPLICATION FOR STUDENT ADMISSION

JUNIOR HIGH - HIGH SCHOOL

This application does not assure acceptance, but it does provide information upon which a decision will be based. The registration fee **must** accompany this form, and is **nonrefundable / nontransferable**.

To enter in:

Applying for Grade	Month	Year

GENERAL INFORMATION ~ Please PRINT.

Student's Last Name	First	Middle	Name responds to	Race	Sex

ADDRESS

PHONE #

Number and Street	City	State	Zip + 4	Home Phone

PLACE OF BIRTH

DATE OF BIRTH

City	County	State	Month	Day	Year

CHILD'S SOCIAL SECURITY #

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In case of emergency contact _____ Phone _____ Relationship to child _____

Family Physician _____ Phone _____

Work Phone Numbers: Father _____ Ext. _____ Mother _____ Ext. _____

Cellular Phone Numbers: Father _____ Mother _____

E-Mail Address: _____

School last attended _____ Phone _____

School Address _____

Has your child ever repeated a grade? No ___ Yes ___ If yes, which grade _____

If yes, state reason for repeating _____

Please state the **name(s)** with whom the student resides: Mon _____; Tues _____;

Wed _____ Thurs _____ Fri _____ Joint custody? No ___ Yes ___

Name and address of non-custodial parent: _____

Who will be financially responsible for the school bill? Name: _____

Relationship: _____

Does your child have any mental, emotional or physical handicaps which may affect his/her activities or progress?

No ___ Yes ___ If yes, give name of child and specific explanation _____

Does your child have ADD or ADHD? No ___ Yes ___ Have they been tested? No ___ Yes ___

Does your child take **ANY** medication(s)? No ___ Yes ___ If yes, please list below...

Name of medication _____ Treatment for _____

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If necessary, do we have permission to give your child non-aspirin? No____ Yes____

Does your child have any type of disability, allergies, seizures? No____ Yes____

If yes, what kind? _____

Does your child have any special musical abilities? No____ Yes____

If yes, please state talent _____

Is your child academically "gifted"? No____ Yes____ If yes, please explain _____

Fill in the grades below based on the *last* report card received. Give grades earned:

Reading:	English: (Literature, Spelling, Vocabulary, Poetry, Composition)	Social Studies:
Math:	Spelling:	Science:
Elective _____	Elective _____	Elective _____

Students in grades 7 and 8 are required to take at least one elective. Please mark your choice(s) below:

_____ Computer (\$80.00 fee) _____ Art (\$30.00 fee) _____ Choir (\$20.00 fee)

INFORMATION BELOW MUST BE ANSWERED BY APPLICANT APPLYING FOR GRADES 7-12

How many days of school did you miss last year? _____

Did you at any time during last year "skip" school? _____

I am interested in the ____ Academic Program ____ General Program

I am enrolling at Baptist Academy because (please check one)

- I want to be here willingly I have no choice in the matter
 My parents desire that I attend I would rather not come

Personal Conduct Information

- Have you ever been suspended from school? No____ Yes____
 Have you ever been expelled from school? No____ Yes____
 Have you ever taken drugs? No____ Yes____
 Are you now using drugs? No____ Yes____
 Do you smoke? No____ Yes____
 Do you drink alcoholic beverages? No____ Yes____
 Do you attend rock concerts? No____ Yes____
 Do you listen to rock music? No____ Yes____
 Do you attend secular movie theaters? No____ Yes____
 Will you submit to our dress code? No____ Yes____

IMMUNIZATION REQUIREMENTS

Grades Seven through Twelve: 5 doses of DTP; 4 doses of OPV; 2 doses of MMR; 3 doses of Hep B; 1 dose Chicken Pox vaccine

Current immunization record and copy of birth certificate (prefer health department copy) MUST be received before enrollment is finalized.