

BAPTIST ACADEMY

2565 S. Villa Avenue
Indianapolis, IN 46203
(317) 788-1587

APPLICATION FOR STUDENT ADMISSION

GRADES 1-6

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

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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 #

_____ - _____ - _____

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

Cellular Phone Numbers: Father _____ Mother _____

E-Mail Address: _____

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

Family Physician _____ Phone _____

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: _____

School last attended _____ Phone _____

School Address _____

STUDENT INFORMATION

Spiritual

Does your child understand the plan of salvation? No _____ Yes _____

Has your child accepted Christ as their Savior? No _____ Yes _____

Academic

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

State reason for repeating _____

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 _____

Check the level of your child's **academic ability**:

Superior___ Good___ Average___ Needs help___

Check the level of **self-motivation** that your child possesses:

Superior___ Good___ Average___ Needs help___

How would you rate your child in **reading**?

Above grade level___ At grade level___ Below grade level___

Check your child's **attitude** toward learning and school:

Very good___ Good___ Fair___ Poor___

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

Reading:	English:	Social Studies:
Math:	Spelling:	Science:

Physical

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 _____

Name of medication _____ Treatment for _____

Does your child have any type of disability, allergies, seizures? No___ Yes___

If yes, what kind? _____

Has your child missed more than twenty (20) days of school last year? No___ Yes___

If yes, please explain _____

If necessary, do we have permission to give your child non-aspirin? No___ Yes___

Social/Emotional

How would you rate your child's desire to come to Baptist Academy?

Wants to come___ Doesn't care___ Would rather not come___

Has your child experienced any social, emotional, or disciplinary problems at other schools?

No___ Yes___

If yes, please explain _____

ISDH IMMUNIZATION REQUIREMENTS

Grades One through Five: 5 doses of DTP; 4 doses of OPV; 2 doses of MMR; 3 doses of Hep B; 1 dose of Varicella

Grade Six: 5 doses of DTP; 4 doses of OPV; 2 doses of MMR; 3 doses of Hep B; 2 doses of Varicella; 1 dose of Tdap; and 1 dose of MCV4

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