

**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; 2 doses Chicken Pox vaccine; 1 dose of Tdap; 1 dose of MVC4**

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