

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 _____

| | | |
|--|--|--|
| | | |
|--|--|--|

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 _____

IMMUNIZATION REQUIREMENTS

**Grades One through Six: 5 doses of DTP; 4 doses of OPV; 2 doses of MMR; 3 doses of Hep B;
1 dose of Chicken Pox vaccine (grade one only)**

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