

BAPTIST ACADEMY

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

APPLICATION FOR STUDENT ADMISSION

K-3 / K-4 / K-5

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**.

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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Please indicate the program for which your child is applying

(Must be 3 years old and potty trained by August 1st) *(Must be 4 years old by August 1st)* *(Must be 5 years old by August 1st)*

***K3/K4 class available pending enrollment*

___ **K3/K4 year old **half** day ___ K4 year old **half** day ___ K5 year old **half** day

Circle one 3 or 5 days (5 days only)

___ **K3/K4 year old **full** day ___ K4 year old **full** day ___ K5 year old **full** day

Circle one 3 or 5 days (5 days only)

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

Cellular Phone Numbers: Father _____ Mother _____

E-Mail Address: _____

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: _____

STUDENT INFORMATION

ACADEMIC

Check the level of your child's potential academic ability:
 ___ Superior ___ Good ___ Average

SOCIAL/EMOTIONAL

My child tends to be ___ outgoing ___ shy ___ withdrawn

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 _____
 Name of medication _____ Treatment for _____

Does your child have any type of disability, allergies, seizures? No ___ Yes ___
 If yes, what kind? _____

If necessary, do we have permission to give your child non-aspirin? No ___ Yes ___

IMMUNIZATION REQUIREMENTS			
<u>K3 / K4</u>		<u>K5</u>	
DTaP/DTP/DT/Td	4	DTaP/DTP/DT/Td	5
Polio	3	Polio	4
MMR	1	MMR	2
Hepatitis B	3	Hepatitis B	3
Varicella	1	Varicella	1

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