



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

Office Use Only	
Interview Date _____	
Interviewed by _____	

NEW FAMILY APPLICATION

Enrollment Procedure: Complete and return the following to the school office:

- _____ New Family Application
- _____ Parent Agreement
- _____ Student Application for each child
- _____ Registration Fee per student – NON-REFUNDABLE / NON-TRANSFERABLE
- _____ Birth Certificate (prefer Health Department Copy)
- _____ Current Immunization record (see student application for current listing of shots required)

PAYMENT PLAN (please check one)		
_____ 10 month payment plan (begins Aug. 1 st)	_____ Semi-Annual payment plan (2% discount)	_____ Annual payment plan (5% discount)
Building Fund \$110.00		
_____ 10 month payment plan (begins Aug. 1 st)	_____ Paid in full (due on August 1 st)	
Computer \$80.00 per student, per year (grades 1-8 only)		
_____ No _____ Yes: _____ I will pay in full _____ Please divide with monthly payment. List students _____		
Daycare Plan (please check one)		
_____ Plan "A" (pick up by 4:30 p.m.-\$52.50 per month)	_____ Plan "B" (pick up by 5:30-\$70.50 per month)	_____ Occasional

FULL NAME OF PARENTS and/or GUARDIAN

	LAST NAME	FIRST NAME	MIDDLE	S. S. #
Father				
Mother				
Guardian				
Guardian				

HOME ADDRESS

Number and Street	City	State	Zip + 4	Home Phone #

E-Mail Address				
Own <input type="checkbox"/> Rent <input type="checkbox"/> If renting, list LANDLORD INFORMATION:				
Name: _____			Phone # _____	
Address: _____				
If lived at present address less than 1 year, list previous address:				
Number and Street	City	State	Zip + 4	How Long?

EMPLOYMENT INFORMATION

	COMPANY NAME and ADDRESS	HOW LONG?	POSITION	PHONE and EXT. #
Father				
Mother				
Guardian				
Guardian				

EMERGENCY INFORMATION – (In case the parents cannot be reached at home or work, please list the person who would take care of your child.)

Emergency Name _____	Relationship to child _____	Phone # _____
Nearest Relative _____	Relationship to child _____	Phone # _____
Family Doctor _____	Phone # _____	Hospital _____
(should the use of an ambulance be necessary, please list choice of hospital)		

MARITAL STATUS: (check one)

Father: First Marriage Widowed Separated Divorced Remarried Single
Mother: First Marriage Widowed Separated Divorced Remarried Single

EDUCATION (Check highest level attained)

Father: Elementary High School College
Mother: Elementary High School College

CHILDREN LIVING AT HOME

Name _____ Age _____ School Attending _____
Name _____ Age _____ School Attending _____
Name _____ Age _____ School Attending _____

WE DESIRE TO ENROLL THE FOLLOWING CHILD(REN) IN BAPTIST ACADEMY

Name _____ Grade entering _____ School Transferring from _____
Name _____ Grade entering _____ School Transferring from _____
Name _____ Grade entering _____ School Transferring from _____

RELIGIOUS INFORMATION

Name of Church attending _____ Member Yes No

Name of Pastor _____ Church Phone # _____

Church Attendance:

Father: Regular Sometimes Seldom Never
Mother: Regular Sometimes Seldom Never
Children: Regular Sometimes Seldom Never

Sunday School Attendance:

Father: Regular Sometimes Seldom Never
Mother: Regular Sometimes Seldom Never
Children: Regular Sometimes Seldom Never

Salvation Experience: (If this does not apply, please leave blank)

Has the **FATHER** personally accepted Christ as his Savior? Yes No

If yes, please give testimony: _____

Has **MOTHER** personally accepted Christ as her Savior? Yes No

If yes, please give testimony: _____

REASONS FOR CONSIDERING BAPTIST ACADEMY

State at least two reasons why you have considered Baptist Academy for your child:

1. _____

2. _____

IF APPLICABLE, MY FAMILY WAS RECOMMENDED TO BAPTIST ACADEMY BY:
