

Student Name: _____ Faith Baptist Academy Registration Form School year ____ / ____



Faith Baptist Academy Registration Form

Please Print

Student's DOB ____ / ____ / ____ New Enrollment ____ or Re-Enrollment ____ Grade to Enter ____

Child's name

Last _____ First _____ Middle _____ Gender: Male ___ Female ___

Street Address _____

Town/City _____ State _____ Zip code _____ Child's Home Phone _____

Last grade completed. Daycare K3 K4 K5 1 2 3 4 5 6 7 8 9 10 11 12

Last School Attended

Phone

Parent/Guardian - Contact Information

Father's Name

First _____ Last _____

Street Address _____

Town/City _____ State _____ Zip Code _____ Home Phone _____ Work Phone _____

Cell phone _____ FAX _____ E-mail _____

Employer _____ Employer Phone _____

Mother's name

First _____ Last _____

Street Address _____

Town/City _____ State _____ Zip code _____ Home Phone _____ Daytime phone _____

Cell phone _____ FAX _____ E-mail _____

Employer _____ Employer Phone _____

Child lives with: _____

Person responsible for payment _____

Emergency Contact Information – Alternate Pickup/Release

Emergency Contact #1

First Name _____ Last Name _____ Home Phone _____ Work Phone _____

Cell Phone _____ Email _____ Relation to child _____

Emergency Contact #2

First Name _____ Last Name _____ Home Phone _____ Work Phone _____

Cell Phone _____ Email _____ Relation to child _____

Child's Physician _____ Phone Number _____

Student's grades have been Superior Above Avg. Average Below Avg.

Has the student failed any grade Yes No If yes, what grade? _____

Church Now Attending

Attend Sunday School
<input type="checkbox"/> Yes <input type="checkbox"/> NO

Parent's Signature _____ Date _____



STATEMENT OF CO-OPERATION

Registrations

In making application for my child, it is my desire to have him complete the school year _____ - _____.
I give permission for my child to take part in all school activities, including sports and school-sponsored trips away from the school premises, and absolve the school from liability to me or my child because of any injury to my child at school or during any school activity.

Refunds

I understand that the policy of the school is to make no refunds on registration fees.

Tuition payments

All prices are calculated yearly. Tuition may also be paid in 10 equal installments from August – May. Tuition will be due on the 1st of each month and become late after the 10th of every month. School accepts cash, check, cashier's check, or money order. Fees may be paid in person, or mailed to the school at the address below.

Faith Baptist Academy is not responsible for monies lost in the mail. Payments received after the 10th of the month will be considered late.

Faith Baptist Academy
8467 Canal Rd
Gulfport, Ms. 39503

Parent's Signature _____ Date _____