



BAYTOWN CHRISTIAN ACADEMY

ADMISSION & FINANCIAL CONTRACT

STUDENT

STUDENT'S LEGAL NAME _____
(first) (middle) (last) (preferred name)

Male Female Date of Birth: _____ Applicant's Social Security Number _____ - _____ - _____

Ethnicity: Caucasian Hispanic African American Native American Asian American East Indian Other _____

Current School: _____ Current Grade: _____ Grade Applying For: _____ For School Year _____ - _____

Home Address: _____
(street address) (city) (state) (zip)

Home Telephone: _____ Cell: _____ Email: _____

Student Lives With (check all that apply): Mother & Father Mother Father Legal Guardian Stepmother Stepfather

Check if appropriate: Parents separated* Parents divorced* Mother deceased Father deceased Mother remarried Father remarried

*If parents are separated or divorced, which parent has legal responsibility for: _____

School related decisions: _____ School tuition payments: _____ What are the custody arrangements? _____

List parent to receive school communications: _____

Church Membership: _____ Denominational Preference: _____

FATHER

FULL NAME OF FATHER _____
(first) (middle) (last) (preferred name)

Home Address: _____
(if different from student) (street address) (city) (state) (zip)

Home Telephone: _____ Cell: _____ Email: _____

Occupation: _____ Employer: _____

Business Address: _____ Business Telephone: _____

Church Membership: _____ Denominational Preference: _____

MOTHER

FULL NAME OF MOTHER _____
(first) (middle) (last) (preferred name)

Home Address: _____
(if different from student) (street address) (city) (state) (zip)

Home Telephone: _____ Cell: _____ Email: _____

Occupation: _____ Employer: _____

Business Address: _____ Business Telephone: _____

Church Membership: _____ Denominational Preference: _____

GRANDPARENTS

NAME OF GRANDPARENT(S) _____
(first) (last)

Home Address: _____
(street address) (city) (state) (zip)

Home Telephone: _____ Cell: _____ Email: _____

NAME OF GRANDPARENT(S) _____
(first) (last)

Home Address: _____
(street address) (city) (state) (zip)

Home Telephone: _____ Cell: _____ Email: _____

FULL NAME OF: Step-Mother Step-Father Guardian Emergency Contact

GUARDIAN
(EMERGENCY CONTACT)

 (first) (middle) (last) (preferred name)

Home Address: _____
 (if different from student) (street address) (city) (state) (zip)

Home Telephone: _____ Cell: _____ Email: _____

Occupation: _____ Employer: _____

Business Address: _____ Business Telephone: _____

Church Membership: _____ Denominational Preference: _____

SIBLINGS

FULL NAME _____ AGE _____ GRADE _____ ATTENDING BCA? YES NO

FULL NAME _____ AGE _____ GRADE _____ ATTENDING BCA? YES NO

FULL NAME _____ AGE _____ GRADE _____ ATTENDING BCA? YES NO

How did you find out about Baytown Christian Academy?

Direct Mail Newspaper Ad Movie Theatre Ad Billboard Other _____

News Article Webpage Internet Ad Referred by Friend _____
NAME

ADMISSIONS & FINANCIAL CONTRACT

- I. Agree to fulfill all financial obligations. _____ (initials)
- II. By signing the Admissions & Financial Contract, the parent/guardian shall be responsible for the entire contractual amount whether or not the student attends classes, or if the student voluntarily withdraws or is expelled from school prior to the end of the academic year. Requests for release from fulfillment of the contract will be considered in severe hardship cases only and only after a receipt of written request for release accompanied by satisfactory evidence of severe hardship is provided to the Director of Finance. The school specifically reserves the right to hold transcripts, report cards, and not allow final exams to be administered for students until all tuition and fees are current. In the event of default, the school will have the election to regard the enrollment contract breached and bring any action necessary either for damages or specific enforcement. _____ (initials)
- III. Agree to abide by the guidelines as outlined in the student handbook. _____ (initials)
- IV. Endorse, support and consent to our child's participation in the Baytown Christian Academy zero tolerance drug and alcohol abuse program including request for drug testing. _____ (initials)
- V. Authorize Baytown Christian Academy's staff to utilize 911 to call for an ambulance or other aid as needed in the event of an emergency. It is understood that every reasonable attempt will be made to contact the undersigned should an emergency occur. The undersigned assumes the responsibility for any costs connected with such treatment and hereby releases Baytown Christian Academy and its staff from any liability thereof. _____ (initials)
- VI. The support of each family is crucial as fundraisers are an integral part of funding your child's education. Parents can eliminate participating in school fundraisers by making a one time tax-deductible donation of \$350 at registration. Throughout the school year, BCA will have fundraisers to help students raise \$350 in profit. By signing the Admissions & Financial Contract, the undersigned agrees to and commits to paying any difference in what their child raises (in profit) and the requirement of \$350. Families with multiple children receive the same discount on the fundraising requirement as they do on tuition. _____ (initials)

Parent/Guardian Name: _____

Signature: _____

Date: _____

**BAYTOWN CHRISTIAN
ACADEMY**

5555 N. MAIN
BAYTOWN, TX 77521
281.421.4150
GoBCA.ORG

NOTICE OF NONDISCRIMINATORY POLICY

Baytown Christian Academy (BCA) does not discriminate on the basis of gender, race, color, or national or ethnic origin in the administration of our educational policies, employment practices, admission policies, athletic programs, and other school-administrated programs.

FOR OFFICE USE ONLY

School Year _____ New Student _____ Date Reg. _____ \$ _____ Check # _____ or Cash Receipt _____

Initials: School _____ Finance _____ Administrator _____