



# BAYTOWN CHRISTIAN ACADEMY

APPLICATION FOR ADMISSION  
5555 N. MAIN  
BAYTOWN, TX 77521

Applying for Grade \_\_\_\_\_  
 \_\_\_\_\_ Male                      \_\_\_\_\_ Female  
 Application Date \_\_\_\_\_

**For Office Use Only**

**Pre-Admission**  
 Interview date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 School Forms Rec'd: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Post Admission**  
 Date of Acceptance: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Acceptance Letter: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Registration Fee Rec'd: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Immunization Form: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Birth Certificate: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

## STUDENT INFORMATION

Student's Full \_\_\_\_\_ Name Preferred Name \_\_\_\_\_

*(please print name exactly as it should appear on all permanent records)*

Date of Birth \_\_\_\_\_ Age as of 9/1/09 \_\_\_\_\_ Place of Birth \_\_\_\_\_

Social Security # \_\_\_\_\_ Race \_\_\_\_\_ Citizenship \_\_\_\_\_

If the applicant is not a US citizen, please list on the line below the Visa or Green card type and expiration date.

*(Baytown Christian Academy is not authorized to issue I-20 Immigration forms. Applicants who are foreign citizens must already have a Visa or Green card.)* \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION

**Student lives with (check all that apply):**

- Father       Mother  
 Stepfather     Stepmother  
 Other         Other

**Check all that apply:**

- Father is deceased     Mother is deceased  
 Parents are divorced     Parents are separated  
 Father has custody       Mother has custody  
 Joint custody             Parents live together

### Student's Primary Residence

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

**Please check:**     Father                       Stepfather  
                           Grandfather               Guardian

**Please check:**     Mother                       Stepmother  
                           Grandmother               Guardian

**Please check:**    Dr.      Rev.      Mr.

**Please check:**    Dr.      Mrs.      Ms.

Full Name \_\_\_\_\_

Full Name \_\_\_\_\_

Preferred Name \_\_\_\_\_

Preferred Name \_\_\_\_\_

Cell Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

Occupation/Title \_\_\_\_\_

Occupation/Title \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION

(continued)

Employer \_\_\_\_\_ Employer \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Unless you specify otherwise, the following items from above will be included in next year's School directory: home address; home, work, and cell phones; and emails. Please write here any items you do not want to be included:

### *Student's Secondary Residence (if applicable)*

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

**Please check:**     Father                       Stepfather

Grandfather             Guardian

**Please check:**     Dr.         Rev.         Mr.

Full Name \_\_\_\_\_

Preferred Name \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Occupation/Title \_\_\_\_\_

Employer \_\_\_\_\_

Work Phone \_\_\_\_\_

**Please check:**     Mother                       Stepmother

Grandmother         Guardian

**Please check:**     Dr.         Mrs.         Ms.

Full Name \_\_\_\_\_

Preferred Name \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Occupation/Title \_\_\_\_\_

Employer \_\_\_\_\_

Work Phone \_\_\_\_\_

Unless you specify otherwise, the following items from above will be included in next year's School directory: home address; home, work, and cell phones; and emails. Please write here any items you do not want to be included:

## FAMILY CONTACTS/ENCOURAGERS

To receive occasional communications such as the school newsletter with information about your child's schooling (i.e. grandparents, godparents, close family friends and other encouragers)

(provide correct titles and first and last names)

Mr. Mrs. Dr. Rev. Ms. \_\_\_\_\_

\_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Email \_\_\_\_\_

Relationship \_\_\_\_\_

(provide correct titles and first and last names)

Mr. Mrs. Dr. Rev. Ms. \_\_\_\_\_

\_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Email \_\_\_\_\_

Relationship \_\_\_\_\_

**FAMILY CONTACTS/ENCOURAGERS**

(continued)

Full Names(s) (Please include titles) \_\_\_\_\_

Full Names(s) (Please include titles) \_\_\_\_\_

Street Address \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

Relationship \_\_\_\_\_

Relationship \_\_\_\_\_

**SIBLING INFORMATION**

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School attending \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School attending \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School attending \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School attending \_\_\_\_\_

Name of siblings or other relatives applying to Baytown Christian Academy this year:

\_\_\_\_\_

**EDUCATION INFORMATION**

Please list schools previously attended by this student, starting with the most recent:

School \_\_\_\_\_ For which grades? \_\_\_\_\_

Street Address (if known) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ School Phone \_\_\_\_\_

School \_\_\_\_\_ For which grades? \_\_\_\_\_

Street Address (if known) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ School Phone \_\_\_\_\_

School \_\_\_\_\_ For which grades? \_\_\_\_\_

Street Address (if known) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ School Phone \_\_\_\_\_

**FURTHER QUESTIONS**

For the following questions, please explain any "yes" responses on a separate sheet.

- Yes No To the best of your knowledge, has this student ever used any type of non-prescription/non-medicinal drugs, alcohol, or tobacco, even if only experimentally?
- Yes No Has this student ever been in trouble with the law?
- Yes No Has this student ever been suspended, expelled, or asked to withdraw from any school attended?
- Yes No Has this student ever been evaluated, or referred for evaluation, for learning disabilities/difficulties?
- Yes No Is this student currently taking any prescribed medication or following any prescribed or recommended therapy or treatment?
- Yes No Has this student ever either skipped or repeated a grade? Please specify which grade.

**CHURCH AFFILIATION**

Church Name \_\_\_\_\_ Denomination \_\_\_\_\_

Name and Title of Pastor(s) \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Church Phone \_\_\_\_\_

\_\_\_\_\_ Members \_\_\_\_\_ Frequent attenders \_\_\_\_\_ Infrequent attenders \_\_\_\_\_ We are not affiliated with any church.

This information pertains to: \_\_\_\_\_ both parents \_\_\_\_\_ one parent (circle: father or mother)

**OTHER INFORMATION**

**We first learned of Baytown Christian Academy through:**

\_\_\_\_\_ Board members \_\_\_\_\_ Friends \_\_\_\_\_ Minister \_\_\_\_\_ Church Bulletin Board \_\_\_\_\_ Newspaper, Magazine, Radio

\_\_\_\_\_ Telephone Book \_\_\_\_\_ Internet

**The factors most influencing us to apply to Baytown Christian Academy are:**

\_\_\_\_\_ Location \_\_\_\_\_ Christian Philosophy \_\_\_\_\_ Classical Teaching \_\_\_\_\_ Academic Rigor

\_\_\_\_\_ Information Session \_\_\_\_\_ Dissatisfaction with current school \_\_\_\_\_ Recommendation of a BCA family

\_\_\_\_\_ Desire to attend private school Other \_\_\_\_\_

**Please respond to the following questions:**

Describe your child's strengths, interests and abilities. Do you have any concerns for your child, academic or otherwise?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**OTHER INFORMATION**  
(continued)

Who or what led you to Baytown Christian Academy? \_\_\_\_\_  
\_\_\_\_\_

After reviewing the informational materials of Baytown Christian Academy, especially the mission statement, distinctives, and Statement of Faith, why do you desire that your student attend Baytown Christian Academy? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How do you hope BCA will assist you with your parenting? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The answers provided in this application are true, accurate and complete as of the signature date.

Signature of Father/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Mother/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Photo Release**

Baytown Christian Academy periodically uses photographs of our students for positive promotional materials in print and on our website. Please check and initial here if you wish to have your child's photographs excluded from any public communications, pending his/her acceptance to the school. \_\_\_\_\_ (please initial here)

Signature of Father/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Mother/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Non-Discrimination Policy**

Baytown Christian Academy admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally made available to students at the school. Baytown Christian Academy does not discriminate on the basis of race, color, national and ethnic origin in the administration of its educational and admissions policies, scholarship programs, or athletic and other school-administered programs.







