



BAYTOWN CHRISTIAN ACADEMY

APPLICATION FOR ADMISSION
 5555 N. MAIN
 BAYTOWN, TX 77521

Applying for Grade _____
 _____ Male _____ Female
 Application Date _____

For Office Use Only

Admission
 Interview date: _____/_____/_____
 Registration Fee Rec'd: _____/_____/_____
 Date of Acceptance: _____/_____/_____
 Acceptance Letter: _____/_____/_____
 Date Enrolled: _____/_____/_____

STUDENT INFORMATION

Student's Full Name _____ Preferred Name _____
 Date of Birth _____ Age _____ Place of Birth _____
 Social Security # _____ Race _____ Citizenship _____
 Student Cell Phone # _____ Student Email _____
 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

<p>Student lives with (check all that apply):</p> <p><input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Stepfather <input type="checkbox"/> Stepmother <input type="checkbox"/> Other <input type="checkbox"/> Other</p>	<p>Check all that apply:</p> <p><input type="checkbox"/> Father is deceased <input type="checkbox"/> Mother is deceased <input type="checkbox"/> Parents are divorced <input type="checkbox"/> Parents are separated <input type="checkbox"/> Father has custody <input type="checkbox"/> Mother has custody <input type="checkbox"/> Joint custody <input type="checkbox"/> Parents live together</p>
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Student's Primary Residence

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 _____

Please check: Mother Stepmother
 Grandmother Guardian

Please check: Dr. Mrs. Ms.
 Full Name _____
 Preferred Name _____
 Cell Phone _____
 Email _____
 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.

_____ Include me _____ Don't include me

Student's Secondary Residence (if applicable)

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 _____

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.

_____ Include me _____ Don't include me

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)

(provide correct titles and first and last names)

Mr. Mrs. Dr. Rev. Ms. _____

Mr. Mrs. Dr. Rev. Ms. _____

Street Address _____

Street Address _____

City _____ State _____

City _____ State _____

Zip _____ Home Phone _____

Zip _____ Home Phone _____

Email _____

Email _____

Relationship _____

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.



ADMISSIONS & FINANCIAL CONTRACT

I. I agree to fulfill all financial obligations throughout the school year. I agree that if I miss two consecutive payments during the school year, the child for whom I am responsible can or will be automatically withdrawn from Baytown Christian Academy. _____ (initials)

II. By signing the Admissions & Financial Contract, the parent/guardian shall be responsible for the entire annual contractual amount whether or not the student attends classes, voluntarily withdraws, or is expelled from school prior to the end of the academic year. _____(initials)

III. I Understand that 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.
_____ (initials)

IV. 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 payment of \$350 at registration. 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. _____ (initials)

Parent/Guardian Name: _____

Signature: _____ Date: _____

Witness _____

Witness _____

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

