

BAYTOWN CHRISTIAN ACADEMY



APPLICATION FOR ADMISSION

Applying for Grade _____
_____ Male _____ Female
Application Date _____

For Office Use

Only

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

STUDENT INFORMATION

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

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: 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.

Include me Don't include me

PARENT/GUARDIAN INFORMATION
(continued)

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 _____
Preferred Name _____
Cell Phone _____
Email _____
Occupation/Title _____
Employer _____
Work Phone _____

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.

_____ 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 Institutional Developmental Fee of \$350.00 is a mandatory fee that allows the school to address the operational and facility needs that arise during the year that tuition and donations do not cover. I understand that I am responsible for this fee for each child that I have enrolled at Baytown Christian Academy. _____ (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 school-administrated programs.

for office use only:

reg date _____ amount \$ _____ cash/check # _____ tuition: PIF _____ Sem _____ FACTS _____