

TEMPLE

EST. 1971

ENROLLMENT APPLICATION

Applicant's name _____ Age _____ Birth date _____
FIRST MIDDLE LAST

Address _____
STREET CITY STATE ZIP

Home phone _____ S.S. number _____

Gender F M Race _____ Grade to enter _____
(circle)

Church membership _____ Pastor _____

Church attending (if different) _____ Pastor _____

Grades attended at Temple Baptist Academy: (Circle all that apply) K4, K5, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11

Please list all schools the applicant has attended (include home schooling)

Name of School	Address (Street, City, State, Zip)	Grades
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_____	_____	_____
_____	_____	_____

Has any grade been repeated? ☐ Yes ☐ No If yes, which one(s)? _____

Reason _____

Has applicant been suspended or expelled from school? ☐ Yes ☐ No If yes, please explain _____

Reason for leaving last school attended _____

Has applicant taken any type of psychiatric, psychological, or educational testing other than the standard school achievement tests? ☐ Yes ☐ No If yes, please explain _____

Has applicant ever been enrolled in a learning disability class? ☐ Yes ☐ No If yes, which grades? _____

Has applicant been tested for ADD, ADHD, Dyslexia, etc. or prescribed with medication for such diagnosis?
☐ Yes ☐ No If yes, please explain _____



Is applicant currently taking any long-term prescription medication? ☐Yes ☐No
Explain any special medical or physical information or instructions that the school should be aware.

FATHER _____ Employer _____

Work Phone _____ Cell Phone _____

MOTHER _____ Employer _____

Work Phone _____ Cell Phone _____

E-mail _____ Student's Cell _____

Person to notify in case of an emergency (other than parent) _____

Phone _____ Relationship to student _____

Does applicant currently live with both natural parents? ☐Yes ☐No If no, please explain the situation as it now exists: _____

Person(s) other than parent/guardian who may pick up applicant from school: _____

<i>Names of Siblings</i>	<i>Age</i>	<i>Grade</i>	<i>School</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Maternal Grandparents

Name _____

Address _____

Phone _____

Paternal Grandparents

Name _____

Address _____

Phone _____

STATEMENT OF ACKNOWLEDGEMENT

By applying for enrollment at Temple Baptist Academy, it is my understanding that the enrollment fee is non-refundable and non-transferable. I agree to pay all collection costs, including necessary legal fees, involved in collecting delinquent accounts. I also have read and understand the *Parental Agreement Form*.

Signature of Parent/Guardian _____ Date _____

Signature of Parent/Guardian _____ Date _____