



SOUTHSIDE BAPTIST ACADEMY

Student Application

Office Use Only	
Interview	_____
Approval	Y N
By	_____

GENERAL INFORMATION

Child's Full Legal Name: _____
(Last) (First) (Middle)

Address: _____
(Mailing address) (City) (State) (Zip)

Phone Number: _____ Date of Birth: _____

Age: _____ Grade Applying for: _____ Gender: _____ Country of Citizenship _____

Has your child professed to have a personal relationship with Jesus Christ? _____ Yes _____ No

Does your family attend church regularly? _____ Yes _____ No

Has your child ever been suspended from, expelled from, or asked not to return to school for any reason? _____

If Yes, please explain: _____

Full name and address of home church:

Name: _____

Address: _____ City: _____ State _____ Zip _____

FAMILY INFORMATION

Father's Name: _____ Mother's Name: _____

Father's Employer & Address _____

Employer's Phone: _____

Mother's Employer & Address _____

Employer's Phone: _____

Marital Status: _____ Married _____ Divorced _____ Separated _____ Widowed

If child lives with someone other than his natural parents, please provide name and work phone of step-parent or guardian.

Friend or Relative to contact if parent cannot be reached in case of an emergency:

Name: _____

Phone: _____

Relation: _____

HEALTH INFORMATION

1. Does your child have any physical limitations which might require some adjustment to a normal student schedule? Yes / No

If Yes, please describe:

2. Does your child have a known disability? Yes / No

If Yes, please explain:

3. Is your child hearing impaired? Yes / No

If Yes, please describe:

4. Is your child presently taking regularly any medication prescribed by a physician? Yes / No

If Yes, please describe:

5. Has your child been hospitalized within the past year? Yes / No

If Yes, give dates and reason for hospitalization:

6. Has your child ever been treated for any nervous, mental, or emotional disorder? Yes / No

If Yes, please supply dates and reasons for counseling as well as name and address of attending physician or psychiatrist.

EDUCATIONAL INFORMATION

School Last Attended: _____

School Phone Number : _____ School Email: _____

School Address: _____ City / State _____ Zip: _____

Reason for leaving previous school: _____



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Enrollment Process

1. Please fill out the application for each child and Student Questionnaire if entering 7th grade of above.
2. Schedule an interview for you and your child with the administration.
3. At time of interview, please bring all transcripts, standardized test results, and \$25 for the application fee.
4. Schedule a time for placement testing--cost is \$35.
5. Wait for a notification of acceptance.
6. Once you have acceptance approval, we will need a copy of the following documents before enrollment is complete.
 - a. Birth Certificate
 - b. Up-to-date Immunization records
 - c. School Health Exam form from your pediatrician
 - d. Student Pickup Form
 - e. Cooperation and Waiver of Liability Form
 - f. Handbook Acknowledgement Form
 - g. Financial Acknowledgment Form
 - h. Student Health Information and Authorization Form
 - i. T-Shirt Order Form
 - j. Student Records Request / if applicable
 - k. Pastor Recommendation Form / 7th grade and above
 - l. Scholarship Award Letters / if applicable
7. Pay Registration Fee, Book Fee, and first months tuition.
 - a. If your child has a scholarship, you will be responsible for the price difference between the scholarship amount and tuition / fees. Payment arrangements can be made through the office.



SOUTHSIDE BAPTIST ACADEMY

Student Questionnaire for grades 7 and above

To be completed by student and submitted with Student Application

Full Name: _____ **Birthdate:** _____

Describe your personal salvation experience: _____

On a scale of 1-10, how sure are you that you would go to Heaven if you were to die today?

1 2 3 4 5 6 7 8 9 10

Would you describe yourself as more of a leader or a follower? Why? _____

What is your favorite subject? Why? _____

What is your least favorite subject? Why? _____

Why do you want to attend SBA? _____

If you could be principal for a day, what three things would you like to do? _____

What is your favorite Bible verse and why? _____

What is your favorite Bible story and what lesson do you learn from it? _____

Where do you see yourself in ten years? _____

What kind of chores do you do at home to help around the house? _____



SOUTHSIDE BAPTIST ACADEMY

Student Pickup / Sign-Out Form

Name: _____

Date: _____

Authorized Pickups

Please provide the following information for each person permitted to pick your child up from school. Please indicate if they are permitted to sign the student out of school early.

Please Note: For the safety of our students, we will require a photo ID to verify the identity of those picking up and signing out each child.

Early sign-out?

Name: _____

Relationship: _____

Name: _____

Relationship: _____

Name: _____

Relationship: _____

Name: _____

Relationship: _____

Name: _____

Relationship: _____

Is there anyone who is **NOT** permitted to pickup/sign-out your child for *legal* purposes?

Name: _____

Relationship: _____

Name: _____

Relationship: _____

Name: _____

Relationship: _____

Parent Signature: _____

Date: _____



SOUTHSIDE BAPTIST ACADEMY

T-Shirt Order Form

Student's Name: _____ **Birthdate:** _____

Students are required to wear SBA t-shirts for P.E. as part of their uniform. Students have P.E. once a week, therefore, one shirt should be sufficient. You are more than welcome to purchase more.

Youth Sizes

X-Small (4/5)
Small 6/8
Medium (10/12)
Large (14/16)
X-Large (18/20)

Adult Sizes

Small
Medium
Large
X-Large

Size: _____ **Quantity:** _____



SOUTHSIDE BAPTIST ACADEMY

Handbook Acknowledgement Form

Student's Name: _____ **Birthdate:** _____

This section to be completed by the Parent or Legal Guardian of student.

- I have received and read the Southside Baptist Academy Student / Parent Handbook in its entirety.
- I agree to abide by all policies laid out in the Student / Parent Handbook.
- As a parent, I have read the Standards of Conduct. I will cooperate with Southside Baptist Academy by ensuring that my child maintains these high Christian standards whether at home, school, or elsewhere.

(Parent Signature)

Date

This section to be completed by students in grade 7 or above..

- I have received and read the Southside Baptist Academy Student / Parent Handbook in its entirety.
- As a student, I have read the Standards of Conduct, and, while enrolled in Southside Baptist Academy, agree to cooperate with and abide by these standards whether at home, school, or elsewhere.

(Student Signature)

Date



SOUTHSIDE BAPTIST ACADEMY

Student Health Information

Student's Legal Name: _____ Birthdate: _____

List any Daily Medications: _____

List any Allergies: _____

Does your child carry an Epi-pen? YES / NO If Yes, what for? _____

Does your child have any diagnosed medical conditions we should be aware of? _____

Primary Physician: _____ Office Phone: _____

Office Address: _____

Over-the-Counter Medication Authorization

I, _____, parent or legal guardian of _____, do hereby authorize the staff of Southside Baptist Academy (SBA) to administer certain over-the-counter (OTC) medications to my child during the school day.

I do not authorize SBA to provide OTC medication to my student.

(Parent / Guardian Signature)

(Date)

Emergency Medical Authorization

I, _____, parent or legal guardian of _____, do hereby give permission for day-to-day care and emergency treatments of the above-named student by school or church staff, physicians, EMT's, or hospital emergency room personnel for treatment of any illness or injury obtained during the school day or during sanctioned school events (field trips, after-school activities, sporting events, etc.) Also, in the event that I cannot be reached and/or my student is out of district during an extracurricular event, I hereby authorize and give permission to the designee of Southside Baptist Academy, if it is deemed necessary, to take my child to the nearest hospital emergency room or doctor's office via vehicle or emergency services and to admit my child for treatment. I further understand that all expenses and liability for said expenses incurred with respect thereto shall be fully assumed by me.

(Parent / Guardian Signature)

(Date)



SOUTHSIDE BAPTIST ACADEMY

Statement of Cooperation and Waiver of Liability

I recognize that attendance at Southside Baptist Academy (SBA) is a privilege and not a right. Parents are expected to cooperate with and support the academy and its teachers in the education and discipline of their children both in the classroom and during other related school activities. I believe that discipline is necessary for the welfare of each student, as well as for the entire Academy. I give permission for my child's teacher and/or other agent of the Academy to make and enforce classroom regulations in a manner consistent with Christian principles. Students shall forfeit the privilege of attending the Academy if they do not conform to the standards and way of life at the Academy. The Academy reserves the right to withdraw a student at any time that the student, in the opinion of to the Academy, does not conform to the spirit of the Academy.

I further understand that Southside Baptist Academy policy prohibits refunds of registration fees, book fees, and tuition payments.

In the event that a Southside Baptist Academy photographer or videographer takes a picture with my child in it, either individually or in a group, I give permission for my child's picture to be used in future brochures, videotapes, DVDs, or other publication of Southside Baptist Academy or its affiliates. Additionally, I give permission for my child's picture to be used in digital publication, including those posted to social media outlets.

I give permission for my child, whose name is set forth below, to take part in all activities, including without limitation, transportation to and from school, playground activities, bus trips, sports activities on the premises of Southside Baptist Academy, and Academy sponsored trips away from the Academy premises. I indemnify and save Southside Baptist Academy, its affiliates, employees, and agents harmless from and against any claims, demands, causes of action, liability, medical payments costs and attorney's fees resulting or arising out of the participation by my child in the above-mentioned activities. I understand that Southside Baptist Academy does not provide medical insurance coverage for my child and that I will be solely and fully responsible for any medical expenses or other liabilities incurred.

I understand that should my marital status change, it is my responsibility to have a corrected Statement of Cooperation and Waiver of Liability signed, updated, and delivered to the Academy.

The Statement of Cooperation and Waiver of Liability shall remain in effect for as long as the child(ren) listed attends Southside Baptist Academy, whether it be in the elementary school or secondary school. Any reference herein to "child" shall include and refer to all the children listed.

Signature of both parents / guardian

List children's names and dates of birth:

Signature / relationship

Signature / relationship

This form must be notarized to be valid.

