

FELLOWSHIP BAPTIST ACADEMY
5940 Massachusetts Ave.
New Port Richey, FL 34652
727-848-4593

APPLICATION FOR RE-ENROLLMENT 2019 - 2020

Grade Entering: _____

Name: _____ Address: _____

Home Phone: _____ Cell Phone: _____ Parent's Work Phone: _____

Student's Social Security # _____

I agree that I will abide by the standards set forth in the Student Handbook. I agree that I will respect the Academy Staff and the Church Property. I understand that if I break or damage church property that I will be responsible for paying for its replacement.

I understand that as a student at Fellowship Baptist Academy, I am expected to refrain from the use of alcoholic beverages, and tobacco in any form. I will not use indecent language and will not use or talk favorable about the use of narcotics and other illegal substances.

I understand that Fellowship Baptist Academy reserves the right to search and inspect purses, book bags, back packs, lunch boxes, duffel bags, sports bags, or anything else the staff deems necessary to inspect or search.

All cell phones are to be given to the teachers at the beginning of class time.

Fellowship Baptist Church does not discriminate against race, color, or national origin.

Name of your local church: _____

PARENTS: I promise to be faithful and timely in my tuition payments to the Academy; including signing of my scholarship checks. Payments are due on the 1st of each month and payable by the 10th, unless other arrangements have been made in the office. On the 11th of the month payments are past due. If a payment has not been received by the 10th, a \$10.00 late fee will be charged to my account. If payment has not been received by the end of that month, students will not be allowed to attend classes, and will not receive report cards until account has been brought up to date. I understand that the Academy reserves the right to expel any student who fails to comply with the established regulations and standards set forth by the Academy. New students are placed on 90 days of probation and can be expelled at any time during that 90 days for any reason deemed acceptable by the Academy Administration.

I have read the Student handbook and, am in agreement. I will abide by all the standards of dress and behavior as outlined there and will observe all classroom guidelines as set by the Faculty and Administration of Fellowship Baptist Academy.

Student's Signature

Parent/Guardian Signature

Fellowship Baptist Academy

2019 - 2020

Application for Enrollment

Student Name: _____

Student Contact Information:

Full Name: _____ Gender: _____

Birth Date: _____ / _____ ? _____ Age: _____ SSN: _____ - _____ - _____

Address: _____ City: _____ Zip Code: _____

Parent/Guardian Contact Information:

Father's Name: _____

Mother's Name: _____

Address: _____

Address: _____

City: _____ Zip: _____

City: _____ Zip: _____

Home Phone: (_____) _____

Home Phone: (_____) _____

Cell Phone: (_____) _____

Cell Phone: (_____) _____

Work Phone: (_____) _____

Work Phone: (_____) _____

Employer: _____

Employer: _____

Occupation: _____

Occupation: _____

E-mail: _____

E-mail: _____

General Information:

Date of Application: _____ School Year: _____ Grade Entering: _____

If you are enrolling more than one family member, fill out and we will copy this page.

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Emergency Medical Care Permission:

Please carefully read and complete the emergency medical care permission form. Our office manager, Bonnie Thatcher, is an authorized notary and can provide the necessary services in the office free of charge to academy families.

I, the undersigned parent or guardian of _____, a minor, do hereby authorize adult workers with the above school to consent to any emergency examination, e-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care which is rendered under supervision of any physician or surgeon licensed under the provisions of the Medical Practice Act or the medical staff or a licensed hospital, whether such diagnosis or treatment is rendered at the office or said physical or at said hospital.

As a parent or guardian of the minor named above I do hereby expressly consent that my son/daughter may receive emergency medical treatment from any physician, hospital, or other medical center without the medical center for rendering such services.

I will not hold the staff of said school responsible for injury or death in such event.name of student.

Student's Name: _____ Date of Birth: _____

Parent or Guardian: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

Parent/Guardian Signature: _____

Notary for State of _____ Notary for the County of _____

Notary Signature: _____ Date: _____

Notary Stamp:

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Medication Permission:

Fellowship Baptist Academy does not provide medication of any kind for student use. Parent's must sign the below form for us to dispense the medication you provide for your student. No student may "borrow" or use another student's medication. Please send in medication in the original bottle, clearly labeled with your student's name.

Student may only keep asthma inhalers and Epinephrine pens on their persons. However, we must have a letter on file from the prescribing doctor.

Please check one of the following:

_____ I do NOT give Fellowship Baptist Academy permission to dispense pain relievers.

_____ I give Fellowship Baptist Academy permission to dispense medication.

List approved medications you will be providing:

Student Name: _____ Date: _____

Parent's Name Printed: _____ Date: _____

Parent's Signature: _____ Date: _____

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Student Name: _____

Student Rules:

The following information is both expected and required of our students. Failure to adhere to these policies is subject to discipline. This is not an exhaustive list.

1. No cheating, copying work or homework is permitted. This includes both the giving and receiving of information. No forging signatures.
2. No possession of any firearms, knives or weapons of any kind.
3. No cursing, vulgarity, dirty jokes, innuendos, etc.
4. No public display of affection.
5. No possession or use of any alcohol, tobacco, illegal drugs or medication not authorized by a parent.
6. No possession of pornographic material in any form.
7. No gum.
8. No fighting.
9. No skipping school.
10. No destructive damage to church, school or other person's property.
11. No immoral conduct.
12. No stealing.
13. No cell phones during school hours.
14. No dangerous or inappropriate driving.
15. No dress code violations.
16. No disrespectful behavior.

Student Dress Code:

Navy, black or tan long uniform type pants purchased from the store of your choice. Belts are required. Young ladies may wear knee length skirts. Please, no tight -fitting clothes. T-shirts and polo shirts are provided from tuition through the academy. T-shirts and polo shirts are provided from tuition through the academy. Physical Education shorts must be navy, blue or black basketball type shorts purchased at the store of your choice. On cold days, navy or black sweatpants are acceptable for P.E. only, no other colors allowed. Dress shoes or sneakers are to be worn in the classroom. Young ladies may wear sandals with front and back straps. No flip-flops.

Each Friday, students may pay \$1.00 to dress down. Dress down is considered to be complete P.E. uniform only. On cold days, students may wear navy or black sweat pants or jeans, no other colors allowed.

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STANDARD OF CONDUCT

Student's Name: _____

Grade: _____

The student's attitude, conversation and behavior reflect the character of the institution from which he or she derives their training, both home and school. This form reflects the Academy's attempt to secure students who will adjust to the rigors of a disciplined training program of high standards.

Students found to be out of harmony with the Academy's ideals of work and life may be requested to withdraw whenever the Administration deems it necessary.

Students are expected to abide by the standards set forth in the student Handbook.

As a student of this Academy, do you pledge to uphold the school's standards against cheating, smoking, gambling and drinking alcoholic beverages? Yes ___

As a student of this Academy, do you pledge to uphold the school's standards against using or talking favorably about narcotics? Yes ___

As a student of this Academy, do you pledge to uphold the school's standards against using indecent language, and will you act in an orderly and respectful manner? Yes ___

As a student of this Academy will you maintain Christian standards of courtesy, kindness, morality and honesty? Yes ___

As a student of this Academy will you strive to be of unquestionable character in dress, conduct and other areas of your life? Yes ___

Student's Signature

Date

Parents or Guardian Signature

Date

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Student Name _____

Transportation Information:

Please list all persons who have your permission to pick up your child from school including, but not limited to, parents, grandparents, other family, friends, neighbors, after school providers, coaches, etc.

<i>Name</i>	<i>Relationship</i>	<i>Phone</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If you need to make any changes to this form during the school year, please come in to the office to do so.
Yes___ No___ I give my student permission to leave campus on their own after school.

Parent Signature: _____ Date: _____

If you are enrolling more than one family member, fill out and we will copy this page.

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Student Name _____

Emergency Contact Information:

Name: _____

Address: _____ City: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Relationship to student: _____

Name: _____

Address: _____ City: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Relationship to student: _____

I give my permission to discuss my student's academics with the following people:
