

# Temple Baptist Academy Registration Form



Applicant's name \_\_\_\_\_  
FIRST MIDDLE LAST

Age \_\_\_\_\_ Birth date \_\_\_\_\_ S.S. number \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Home phone \_\_\_\_\_ Email \_\_\_\_\_ Grade to enter \_\_\_\_\_

Church membership \_\_\_\_\_ Pastor \_\_\_\_\_

Church attending (if different) \_\_\_\_\_ Pastor \_\_\_\_\_

Has the applicant been saved? \_\_\_\_\_ If yes, when? \_\_\_\_\_ Baptized? \_\_\_\_\_ If yes, when? \_\_\_\_\_

Grades attended at TBA: (Circle) 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? \_\_\_\_\_ If yes, which one(s)? \_\_\_\_\_

Reason \_\_\_\_\_

Has applicant been suspended or expelled from school? \_\_\_\_\_ 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? \_\_\_\_\_ If yes, please explain \_\_\_\_\_

Has applicant ever been enrolled in a learning disability class? \_\_\_\_\_ If yes, which grades? \_\_\_\_\_

Has applicant been tested for ADD, ADHD, Dyslexia, etc. or prescribed with medication for such diagnosis? \_\_\_\_\_ If yes, please explain \_\_\_\_\_

Is applicant currently taking any long-term prescription medication? \_\_\_\_\_

Explain any special medical or physical information or instructions of which the school should be aware: \_\_\_\_\_

*Please complete the other side of this form*

Father \_\_\_\_\_ Employer \_\_\_\_\_

Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Pager \_\_\_\_\_

Mother \_\_\_\_\_ Employer \_\_\_\_\_

Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Pager \_\_\_\_\_

E-mail \_\_\_\_\_

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

Phone \_\_\_\_\_ Relationship to student \_\_\_\_\_

Does applicant currently live with both natural parents? \_\_\_\_\_ If no, please explain the situation as it now exists \_\_\_\_\_

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

Names of brothers and sisters	Age	Grade	School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Maternal Grandparents	Paternal Grandparents
Name _____	Name _____
Address _____	Address _____
_____	_____
Phone _____	Phone _____

**Statement of Acknowledgement**

By registering at Temple Baptist Academy, it is my intention that my child complete the school year. It is my understanding that registration, book charges, and fees are non-refundable and non-transferable. I agree to pay all collection costs, including necessary legal fees, involved in collecting delinquent accounts. I absolve the school from liability to me or to my child because of injury to my child at school or during any school-sponsored activity. I authorize Temple Baptist Academy to seek the services of a licensed, practicing physician should an emergency arise and a parent/guardian cannot be reached. I hereby release Temple Baptist Church/Academy from any liability which might result from such emergency treatment. I agree to encourage my child in learning all phases of the curriculum. I acknowledge that I have received a copy of the *Parental Agreement Form*, that I understand its content, and that I agree to follow the guidelines contained therein.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_