



APPLICATION FOR NEW STUDENT TO ENTER GRADE _____

**FIRST BAPTIST CHURCH SCHOOL
48 MEETING STREET
CHARLESTON, SOUTH CAROLINA 29401
(843) 722-6646**

School Year: _____

No student will be considered for testing, and subsequent enrollment, until this application form and the medical emergency card have been completed and returned along with the \$100.00 non-refundable testing fee. Final enrollment will be completed upon the receipt of the \$200.00 NON-REFUNDABLE enrollment fee and a signed contract. Signed contract and enrollment fee must be returned within two weeks of the date of acceptance letter. A student cannot begin classes until the enrollment application, enrollment fee, medical emergency card, and signed enrollment contract have been received in the Admissions Office. A \$500.00 Building Fee is required of each new student. Parents will be billed for the Building Fee by the Business Office and it is due November 1. A limit of two building fees applies to a family with more than two children enrolled within four years of the last enrollment date.

1. STUDENT'S NAME _____
 (LAST) (FIRST) (MIDDLE) (NAME STUDENT CALLED)

2. PRESENT ADDRESS _____ TELEPHONE _____
 (NUMBER AND STREET) (SUBDIVISION)
 (CITY) (STATE) (ZIP CODE)

MAILING ADDRESS IF DIFFERENT FROM ABOVE _____

3. BIRTHPLACE _____ DATE OF BIRTH _____
 SEX _____ SOCIAL SECURITY NUMBER _____

4. FATHER'S NAME _____ OCCUPATION _____
 BUSINESS ADDRESS _____ EMPLOYER _____
 FATHER'S E-MAIL _____ TELEPHONE _____

5. MOTHER'S NAME _____ OCCUPATION _____
 BUSINESS ADDRESS _____ EMPLOYER _____
 MOTHER'S E-MAIL _____ TELEPHONE _____

6. MARITAL STATUS OF FATHER AND MOTHER _____
 (MARRIED) (SEPARATED) (DIVORCED) (DECEASED)

7. NAME AND ADDRESS OF PERSON RESPONSIBLE FOR BILLS: _____
 (NAME) (RELATIONSHIP TO STUDENT)
 _____ (NUMBER AND STREET)
 _____ (CITY) (STATE) (ZIP)
 _____ (HOME TELEPHONE NUMBER) (WORK TELEPHONE NUMBER)
 _____ (CELLULAR TELEPHONE NUMBER)

8. LIST NAME AND GRADE OF OTHER CHILDREN ENROLLED IN OR APPLYING FOR ADMISSION TO FIRST BAPTIST CHURCH SCHOOL. PLEASE LIST IN ORDER OF AGE.

A. _____ GRADE _____
 B. _____ GRADE _____
 C. _____ GRADE _____

9. RECORD OF PREVIOUS SCHOOLS ATTENDED (PLEASE GIVE COMPLETE LIST):

<u>NAME OF SCHOOL</u>	<u>ADDRESS (STREET, CITY STATE, ZIP CODE)</u>	<u>GRADE</u>	<u>DATE ATTENDED</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

10. NAME OF LOCAL CHURCH WHERE ACTIVE MEMBERSHIP IS MAINTAINED _____

11. TRANSPORTION NEEDED:

BOTH WAYS _____ ONE WAY _____ NOT NEEDED _____
IF TRANSPORTATION IS REQUESTED, PLEASE COMPLETE THE ENCLOSED TRANSPORTATION APPLICATION AND RETURN WITH THE ENROLLMENT APPLICATION.

12. PLEASE LIST ANY ATHLETIC INTEREST: _____

13. THE FOLLOWING DOCUMENTS MUST BE RECEIVED FOR THE ADMISSIONS APPLICATION TO BE COMPLETE:

- COPY OF LEGAL BIRTH CERTIFICATE
- CURRENT SOUTH CAROLINA CERTIFICATE OF IMMUNIZATION
- TRANSCRIPT FROM CURRENT SCHOOL INCLUDING GRADES AND TEST SCORES

14. IN ORDER TO MAINTAIN AN ENVIRONMENT CONDUCTIVE TO LEARNING THE ADMINISTRATION RESERVES THE RIGHT TO REQUEST FULL DISCLOSURE OF ANY CRIMINAL CHARGES BROUGHT AGAINST A STUDENT ENROLLED IN THIS SCHOOL. THE UNWILLINGNESS OF PARENTS TO COOPERATE IN THIS MATTER WILL MAKE A STUDENT SUBJECT TO IMMEDIATE EXPULSION.

15. FIRST BAPTIST FOLLOWS A NON-DISCRIMINATORY POLICY AS TO RACE, COLOR AND NATIONAL ORIGIN. ADMISSION IS OPEN TO STUDENTS OF ALL RELIGIOUS BACKGROUNDS.

DESIRED PAYMENT PLAN

_____ ONE ANNUAL PAYMENT (DUE ON JUNE 1) _____ TWO PAYMENTS (DUE ON JUNE 1 & DEC 1)
 _____ NINE MONTHLY PAYMENTS (DUE JUNE 1 – FEB 1) _____ TWELVE MONTHLY PAYMENTS (DUE JUNE 1 - MAY 1)
 _____ FOUR PAYMENTS (JUNE 1, SEPT 1, DEC 1, & MARCH 1)
 _____ NINE MONTHLY PAYMENTS (NEW STUDENTS ENROLLING AFTER JULY 1) (Sept 1-May 1)*First Year Only*

16. I HAVE CAREFULLY READ THE INFORMATION ON THIS FORM AND WISH TO ENROLL MY CHILD IN KEEPING WITH THESE PROVISIONS.

STUDENT'S NAME _____

The \$100.00 testing fee and a copy of the transcript (including current grades for the latest grading period) is attached herewith. I understand we shall be notified when to come for testing.

DATE _____ PARENT/GUARDIAN'S SIGNATURE _____

THIS BLOCK FOR OFFICE USE ONLY

Admissions Committee Report:

Approved _____ Disapproved _____

Initials of Admissions Director _____

Comments: _____

Date: _____