

FIRST BAPTIST CHURCH SCHOOL

533 Ockley Drive, Shreveport, Louisiana 71106
Phone (318) 869-2361 ~ Fax (318) 869-0125 ~ www.fbschool.org

OFFICE USE ONLY

Date _____
Received _____

Fee
Received _____

Birth Certificate
Received _____

Immunization
Received _____

APPLICATION FOR ADMISSION

Application Fee: \$75.00

Full Legal Name _____
First Middle Last Name Preferred

School Year 20___/20___ Grade Applying For _____ Boy or Girl

If preschool, please select from the following options

Young K3 (Check One)	___2 day (Circle One)	12:00 pick up	1:00 pick up	3:00 pick up
	___3 day (Circle One)	12:00 pick up	1:00 pick up	3:00 pick up
	___5 day (Circle One)	12:00 pick up	1:00 pick up	3:00 pick up
K3 (Check One)	___3 day (Circle One)	1:30 pick up	3:00 pick up	
	___5 day (Circle One)	1:30 pick up	3:00 pick up	
K4 (Check One)	___5 day (Circle One)	1:30 pick up	3:00 pick up	
K4 Bridge	___5 day (Circle One)	1:30 pick up	3:00 pick up	

Social Security No. _____ Date of Birth _____ Birthplace _____

Father's Name _____ Birthplace _____

Mother's Name _____ Birthplace _____

Parents' Marital Status _____ Custodial Parent _____

Local Address _____

City _____ State _____ Zip _____ Phone _____

Father's Profession/Business Affiliation _____

Business Address _____ Phone _____

Mother's Profession/Business Affiliation _____

Business Address _____ Phone _____

Student's Siblings & Age _____ - _____ ; _____ - _____

Name of School Most Recently Attended _____ Address/Phone _____

Name of Principal _____ Grade Attended _____

Might any medical problems affect your child's performance at school? Please share with us any medications that are taken on a regular basis.

Has your child been invited to return to his/her current school? Yes/No

Has any disciplinary action been taken by the current school? If yes, please explain.

Please outline your student's greatest strengths as you see them.

Please outline your student's greatest needs as you see them.

Please provide any additional information or special suggestions which you feel may be helpful.

Does your child have any diagnosed exceptionality (academic/physical/mental/social) and/or attend outside therapy for professional services (physical, occupational, etc.)? YES/NO If yes, please list.

Does your child have a current IEP (Individual Education Plan)? If so, a copy of the plan is required with submission of this application. YES/NO

If our child has had educational/psychological/emotional testing, we agree to provide copies of results/reports to First Baptist Church School. We further understand that any failure to provide correct and complete information could result in withdrawal of acceptance of our child.

Please
initial

We believe the information provided is complete and correct, and by signing below hereby make application for the admission of our child to First Baptist Church School. We understand that acceptance to the school is based on the information on this application, admission testing, and any additional information gathered during the admission process.

Parents' Signatures _____