

FIRST BAPTIST CHURCH SCHOOL

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

FOR OFFICE USE ONLY

Date App. _____
Received _____

Fee _____
Received _____

Date Contract _____
Mailed _____

Date Contract _____
Received _____

Application for Admission

(Please print or type all information requested)

Application Fee: \$50.00

Today's Date _____

Full Legal Name of Applicant _____

First Middle Last Name Called

Please Circle: Boy or Girl

Applying for Admission to: Grade _____ In School Year: 2 _____ -2 _____

If K3 check one: _____ 2 day (Tu/Th) _____ 1:30 pick up ~or~ _____ 3:00 pick up
_____ 3 day (M/W/F) _____ 1:30 pick up ~or~ _____ 3:00 pick up
_____ 5 day _____ 1:30 pick up ~or~ _____ 3:00 pick up

***(Child must be "potty" trained/no diapers.)**

If K4 check one: _____ 5 day _____ 1:30 pick up ~or~ _____ 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 and Phone number of school if not local _____ Phone _____

Name of Head/Principal _____ Grade Attended _____

(over)

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 exceptionalities (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.

Signed _____
Father or Guardian

Signed _____
Mother or Guardian