

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 and Address of School Most Recently Attended _____

_____ Phone _____

Name of Head/Principal _____ Grade Attended _____

(over)

Might any medical problems affect his/her performance at school? Please use this section to describe any handicaps (physical, mental or social) which your child may have had in his/her development. Please share with us any medications that are taken on a regular basis that may affect your child at school.

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.

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.

We hereby make application for the admission of our child to First Baptist Church School.

Signed _____
Father or Guardian

Signed _____
Mother or Guardian