



Application for Admission

APPLICANT INFORMATION

Date of Application: ____/____/____ For School Year: 20__-20__ Applying For Grade: _____

Full Name: _____
Last First Middle Preferred

Date of Birth: ____/____/____ Age: _____ Gender: Male Female Social Security #: _____

Address: _____
Street City State Zip

Ethnicity (Optional)

- African American Asian Caucasian Hispanic Middle Eastern Native American Pacific Islander
- Multiracial Other _____

Applicant's Current School Information

Current or Most Recent School: _____ Grades Attended: _____

Address: _____
Street City State Zip

Principal or Head of School: _____ Phone: _____

Other Schools Attended

<i>Grade Level</i>	<i>School</i>	<i>Location</i>	<i>Dates</i>

Please describe your child as objectively as possible:

First Baptist Academy (a Texas Non-Profit Corporation) admits students of any race, religion, color, national and ethnic origin to all rights, privileges, programs and activities available to students at the school. It does not discriminate in admissions, administration of educational policies, scholarship and loan programs, athletics or other school-administered programs.

Applicant's Background Information

Has your child been suspended from or asked to leave school?

Yes

No

If yes, please explain _____

Is your child eligible to return to all previously attended schools?

Yes

No

If no, please explain _____

Have the applicant's absences at previous schools been within school requirements?

Yes

No

If no, please explain _____

Please describe any illnesses, diseases or physical disabilities that either have affected or may affect your child's general health, his/her schoolwork or his/her participation in athletics.

Have any behavioral, psychological or educational evaluations of your child been performed (i.e., testing for learning difficulties, disabilities or ADHD [Attention Deficit Hyperactivity Disorder])?

Yes

No

If yes, please attach a copy of the diagnostic report.

Is your child now or has he/she been under the care of a psychologist/psychiatrist?

Yes

No

If yes, please explain _____

FAMILY BACKGROUND INFORMATION

Check all that apply:

Are Both Parents Living? Yes No

Parents are: Married Separated Divorced Father Remarried Mother Remarried

Applicant Lives with: Parents Father Mother

Lives with (if other than parent): _____

Financially Responsible Party: Both Parents Father Mother Other _____

If applicant's parents are divorced, which parent has legal responsibility for:

School related decisions: Father Mother Custody of applicant: Father Mother

Receives school communications: Father Mother

How did you learn about First Baptist Academy?

Why do you want your child to attend First Baptist Academy? Include ways, general and specific, you expect your child to benefit from an education at First Baptist Academy.

Father

Full Name: _____
Last First Middle Preferred

Address: _____
Street City State Zip

Home Phone: _____ Mobile Phone: _____ Business Phone: _____ Email: _____

Occupation: _____ Employer: _____

Religion: _____ Place of Worship: _____

Mother

Full Name: _____
Last First Middle Preferred

Address: _____
Street City State Zip

Home Phone: _____ Mobile Phone: _____ Business Phone: _____ Email: _____

Occupation: _____ Employer: _____

Religion: _____ Place of Worship: _____

Siblings

Name	Age	Grade	School Attending
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Stepfather

Full Name: _____
Last First Middle Preferred

Address: _____
Street City State Zip

Home Phone: _____ Mobile Phone: _____ Business Phone: _____ Email: _____

Occupation: _____ Employer: _____

Stepmother

Full Name: _____
Last First Middle Preferred

Address: _____
Street City State Zip

Home Phone: _____ Mobile Phone: _____ Business Phone: _____ Email: _____

Occupation: _____ Employer: _____

FOR MIDDLE SCHOOL STUDENTS

Place these electives in the order of your interest (1 being the highest) _____Art _____Band _____Choir _____Spanish

ADMISSIONS POLICY

Completed applications and the following documents must be submitted to be considered for admission:

- *Application and application fee,*
- *Copy of birth certificate,*
- *Current immunization record,*
- *Transcripts showing three years of grades and standardized testing.*
- *Teacher recommendation forms (see www.fbahouston.org/admissions/forms), and*
- *Copy of custodial rights (applies to applicants of legally separated or divorced parents).*

PreK - 4th applicants must register for testing through the Admissions Office. Applicants for grades 5th - 8th must register with ISEE, for testing, at www.iseetest.org or, contact the Admissions Director for a copy of the ISEE Student Guide.

I understand that I am authorizing First Baptist Academy to obtain academic, health, and other pertinent information needed to reach an admission decision. I also voluntarily waive the right of access to all information and materials of any kind received by First Baptist Academy from any source in connection with this application. All confidential student information will only be shared with professionals involved in the admission process.

Recent Photograph of
Applicant

Parent/Guardian Signature

Parent/Guardian PRINTED NAME

Parent/Guardian Signature

Parent/Guardian PRINTED NAME

Please return Application and Supplemental Documentation to:

FIRST BAPTIST ACADEMY

Office of Admissions
7450 Memorial Woods Drive
Houston, TX 77024
(713) 290-2522

FOR OFFICE USE ONLY		DOCUMENTATION RECEIVED	
Admissions _____	Date _____	Birth Certificate	<input type="checkbox"/>
Application Fee Included	___ Yes ___ No	Immunizations	<input type="checkbox"/>
Check# _____	Date _____	Teacher Recommendations	<input type="checkbox"/>
Business Office _____	Date _____	Test Scores	<input type="checkbox"/>
Database _____	Date _____	Transcripts	<input type="checkbox"/>
		Custodial Rights	<input type="checkbox"/>
		HFBC Membership Verified	<input type="checkbox"/>