

FELLOWSHIP BAPTIST ACADEMY

8070 Bloomer Street
Carson City, MI 48811
fbafalcons@cmsinter.net

Phone (989) 584-6430
Fax (989) 584-6716
www.firstbaptistcarsoncity.org

APPLICATION FOR ADMISSION

STUDENT INFORMATION

Student's name _____ Student's age _____

Date of birth _____ Social Security # _____

Has the applicant had academic, social, or disciplinary difficulty in the past? Yes / No

Do you believe the student would have any problems adjusting to a new school? Yes / No

Explain _____

Does the student have difficulty accepting the direction of those in authority over him/ her? Yes / No

Explain _____

Does the student want to attend Fellowship Baptist Academy? Yes / No

What talents, abilities, or special interests does the student have? _____

Does the student have any physical disabilities that would require special attention? Yes / No

Explain _____

In what church activities is the student involved? _____

PARENT INFORMATION

Father's name _____

Mother's name _____

Address _____

Telephone _____ email address _____

Telephone _____ email address _____

Marital status: Married / Divorced & Remarried / Divorced & Single / Separated / Single

Father's employer _____ Work Phone _____

Mother's employer _____ Work Phone _____

Does either parent have any special talents, skills, or abilities that would be made available to the school if the need were to arise? Yes / No

Explain _____

Why are you interested in sending your child to a Christian school? _____

EDUCATION INFORMATION

Last school attended by the student: _____

Reason for leaving above named school: _____

Last grade completed _____ Grade to be entered _____

Are you willing *and/or* do you desire to have the student tested to determine grade level for areas such as reading and mathematics? Yes / No

1-12 grade applicants please include a list of subjects taken and completed for each grade level. (i.e., what kind of math, science, etc....)

Has the student received special services (Speech, hearing, reading, etc.) in the previous school? Yes / No

What services? _____

SPIRITUAL INFORMATION

What church does your family attend? _____

Pastor's name _____ Telephone # _____

How would you explain to someone the way to get to heaven? _____

Are you in agreement with the doctrinal statement of Fellowship Baptist Academy as listed in the handbook? Yes / No

If not, please state difference _____

Are you in agreement with the stated purpose and philosophy of FBA?

Yes / No

If not, explain _____

Are you willing to uphold the school in its standards and principles of Christian living?

Yes / No

If not, explain _____

How did you find out about our school? _____

If referred by a family currently attending FBA, please give their name. _____

**Please include the most recent report card with this application.

Parents and 7-12 grade students please complete the following:

I have read, understood, and am in agreement with the information in the school handbook.

Father

Mother

H. S. Student

FELLOWSHIP BAPTIST ACADEMY
Student Health Form

Emergency Contact and Medical Information for Student

Child's Name

Date of Birth

Parents/Guardian's Name

Family Physician's Name

Daytime/Work Phone

Phone Number

Street Address

Family Dentist's Name

City, State, Zip Code

Phone Number

Alternate Emergency Contacts

Primary Emergency Contact

Secondary Emergency Contact

Daytime/Work Phone

Daytime/Work Phone

Medical Information

Is your child currently taking any medications, prescription or otherwise? (list below)..... **Yes No**

Does your child have any allergies? (list below) **Yes No**

*Does your child have an EPI pen? **Yes No**

Is your child on a special diet? (If yes, explain below) **Yes No**

Are there any other medical issues concerning your child that we should know? i.e. lung or heart issues
(If yes, explain below) **Yes No**

If an emergency does occur, we will do our best to contact the student's parents. If they cannot be reached, we will call your emergency contact(s). In the event that no one is available, we will seek medical care at our discretion. This may include a doctor or hospital visit if we feel it is necessary.

Parent/Guardian Signature

Date

FELLOWSHIP BAPTIST ACADEMY

STATEMENT OF PARENT COOPERATION

I agree to support the administration, faculty, and leadership of the church and school in my conversation at home and with others. If at any time I disagree with the policies or decisions and cannot actively support the church, school, or leadership, I agree to come to an agreeable solution or withdraw my child/ren from the school.

If I have been regularly involved in another local church other than First Baptist Church, I agree to support the policies of the church as they relate to the education of my child/ren. Thankful that a local body of believers has made that training available to those of like faith, I will support the direction of the FBC and FBA, recognizing my own commitment to my local church.

Believing that God has given parents the responsibility to provide a Christian education for their children (Deuteronomy 6:6-7), I willingly enter into this covenant with the Fellowship Baptist Academy, as a partner in that endeavor. I recognize that the school and home must be in spiritual harmony in order for true Christian education to take place.

I give First Baptist Church and its school permission to allow my child to take part in all school activities (except where medical reasons would prohibit such activity). This would include bus trips, athletic activities, and school sponsored trips away from the premises.

I believe that discipline is necessary for the welfare of each student, as well as for the entire student body. I give permission for my child's teacher and/or agent of the school to make and enforce classroom regulations in a manner consistent with Biblical principles.

I have completely read the school handbook and am in agreement with the policies and regulations contained therein, and I am in agreement with the above statement.

This statement of cooperation will be in effect for the 2022-2023 school year for all the students that are a part of my family.

Father's signature

Mother's signature

Date

Fellowship Baptist Academy

8070 Bloomer Street
Carson City, MI 48811
Phone 989-584-6430
Fax 989-584-6716

REQUEST FOR STUDENT RECORDS

Please send the student records for: _____

Birth Date _____

School previously attended: _____

School Address: _____

Please send records to:
Fellowship Baptist Academy
8070 Bloomer Street
Carson City, MI 48811

Date of entry: _____

Administrator's Signature: _____

In compliance with the Family Educational Rights and Privacy Act, I am aware of my rights as parent or guardian of _____ and request that all school cumulative records of this student be sent to Fellowship Baptist Academy a ministry of the First Baptist Church of Carson City, Michigan upon receipt of this request.

Parent's/Guardian's Signature _____ Date _____

