CE BAPTIST	Grace	Baptist	Academy
and the state	9790 Howelle Ferry Rd	Sommon AL 26575 / Office 2	51 640 7209 / Eax 251 596 8555

8780 Howells Ferry Rd. / Semmes, AL 36575 / Office 251-649-7398 / Fax 251-586-8555

Student Enrollment Form Emergency Contacts & Carline Pickup Names (responsible adults to call if parent cannot be contacted) (page 1 of 3) Name: Name: Student's Name: Relationship:_____ Relationship: First Middle Last Address:__ Phone:_____ Name: City: ______ State:_____ Zip:_____ Relationship: Name: Relationship: Name: Last Grade Completed:_____ Grade To Enroll:_____ Phone: Relationship: Student's Date Of Birth: _____ Age: ____ Sex: Male or Female _ Employer:_____ Work Phone:_____ Cell Phone:_____ Father's Name: Mother's Name:_____ Employer:_____ Work Phone:_____ Cell Phone:_____ Father's Email: Mother's Email: If parents are separated or divorced, with whom does the student live? ______ Briefly explain the custody parameters set forth by the court. Do you have legal documentation to prove custody parameters? YES_____ NO_____ (paperwork must be turned in to the school office) Has this child ever been a student at Grace Baptist Academy? YES_____ NO_____ If yes, when? ______ Give names of student's **immediate** family who have attended Grace Baptist Academy:______ Reason for selecting Grace Baptist Academy: _____ G.B.A. was recommended to you by: Academic Year Enrolling For I assume all financial responsibility for my child's tuition & fees at Grace Baptist Academy and I understand & agree to the following: All accounts must be kept current and no student may attend classes if account is more than 30 days in arrears; at which time accounts are subject to be turned over to an outside collection agency to collect any unpaid balances. This will also result in an additional 15% charge to unpaid balances in order to offset the cost of utilizing a collection agency. A \$25 per student late fee will be added to my account if tuition is paid after the 10th of any given month and \$30 for any returned checks. Book fees are due July 1st and the first tuition payment is due August 1st and must be paid before students can start school. Report cards and other school records will be held until all accounts are paid in full. May tuition must be paid by May 1st. I understand that the policy of Grace Baptist Academy is to make NO REFUNDS ON REGISTRATION, BOOK FEES, or CURRENT TUITION. A \$30 testing fee will be added to March tuition / A \$35 yearbook fee will be added to April tuition prices are subject to change without notice. I will notify the school office immediately of any changes to the above information. I understand GBA is accredited through National Association of Private Schools but GBA is not accredited through Advanced Ed and students may be required to test if transferred from GBA into the public school system (see handbook for details). I understand all students are required to list their home church information for admission. Students in 5th - 12th grade who do not attend church weekly with their family are required to attend at least three services a month at Grace Baptist in order to remain enrolled in G.B.A. - I understand GBA is a Christian school that believes and teaches the doctrinal belief that Jesus Christ is the Son of God, and is both Lord and Saviour. I understand, approve, and accept the fact that G.B.A. accepts and holds to extremely conservative/traditional Bible standards of faith, morality, separation, sexuality, marriage, and Christianity in which the students will regularly receive instruction and or preaching along these Biblical guidelines. I approve of such teaching and give consent for my child/children to daily be under such academic and spiritual instruction daily. I have also read the Student Handbook and agree (available upon request & online) to the rules, policies and procedures that are outlined therein. I understand it is my responsibility to ensure my child is registered for and takes the required testing for college entrance prior to graduation. In making application for my child, I desire to have him/her complete this school year at G.B.A. It is also my understanding that the policy of G.B.A. is to make no refunds or transfers on fees or tuition payments. I also give permission for my child to take part in all activities of Grace Baptist Church & Academy (field trips, sporting events, youth activities, etc.) I fully understand that G.B.A. cannot ensure that students or staff maintain the C.D.C. (Centers for Disease Control and Prevention) or AL state guidelines for social distancing and the wearing of masks while attending the Academy. I further agree to indemnify and hold Grace Baptist Church & Academy harmless from any and all liability that may result from my child attending or participating in all activities of Grace Baptist Church & Academy whether on campus or off campus, including any complications that may arise due to Covid-19 or any other viruses or illnesses.

Parent/Guardian Signature:

ADEMY

Date Signed: / /

Grace Baptist Church & Academy does not discriminate on the basis of race, color, national or ethnic origin.

Grace Baptist Academy Enrollment Form (page 2 of 3)

SCHOOL HISTORY

Grade:	City:	State:
eason For Leaving		
years? YES or	NO (explain)	
s office referral, su	uspension, and/or exp	ulsion?
nd/or placed on co	ourt ordered probatior	1?
eeds, or recomme	nded for, or received a	any special educational services?
exual activity, drug	g use, tobacco use, or a	alcohol consumption?
	eason For Leaving years? YES or s office referral, su nd/or placed on co eeds, or recomme exual activity, dru	Grade: City: eason For Leaving: years? YES or NO (explain) s office referral, suspension, and/or exp nd/or placed on court ordered probation eeds, or recommended for, or received a exual activity, drug use, tobacco use, or

Has the student been tested at any other private schools in the past **24** months? **YES or NO** If YES, what school/s & for what reason/s?

CHURCH HISTORY

Present Church:	Senior Pastor's Name:	Senior Pastor's Phone Number:
Church Address:	Church Phone Number:	Are You A Member Of The Church? YES or NO

Do you and your children attend the weekly services at your home church each week? YES or NO If 'no' how often?

STATEMENT OF COOPERATION and WAIVER OF LIABILITY

I recognize that attendance at Grace Baptist Academy is a privilege and not a right. Parents are expected to cooperate with and support the Academy and its teachers in the education and discipline of their child(ren) both in the classroom and during other school related activities. I believe that discipline is necessary for the welfare of each student, as well as for the entire Academy. I give permission for my child's teacher and/or other agent of the Academy to make and enforce classroom regulations in a manner consistent with Christian principles. Students shall forfeit the privilege of attending the Academy if they do not conform to the standards and way of life at the Academy. I understand that the Academy requires students to recognize the gender they were given at birth and males & females may not use bathrooms for the opposite sex. The Academy reserves the right to withdraw any student at any time that the student, in the opinion of and sole discretion of the Academy, does not conform to the spirit of Grace Baptist Church & Academy. If homeschooling my child, I understand that my child also is to represent Grace Baptist Church & Academy approves of or my child may be withdrawn from the online program.

In the event that a Grace Baptist Academy or subcontracted photographer or videographer takes a picture or video with my child in it, either individually or in a group, I give permission for my child's picture/video to be used in future brochures, videos, or any other publications of Grace Baptist Academy and/or its affiliates.

I give permission for my child, whose name is set forth below, to take part in all activities, including without limitation, transportation to and from school (including times prior to pick up and following discharge from the bus), gymnasium activities, bus trips, sports activities on the premises of Grace Baptist Church & Academy, and Church & Academy-sponsored trips away from the premises. I indemnify and hold Grace Baptist Church & Academy, its affiliates, employees, and agents harmless from and against any claims, demands, causes of action, liability, medical payments, costs, and attorneys' fees resulting from or arising out of the participation by my child in the above mentioned activities or any other. I understand that Grace Baptist Church & Academy and its affiliates does not provide medical insurance coverage for my child and that I will be solely and fully responsible for any medical expenses or other liabilities incurred. I fully understand that G.B.A. cannot ensure that students or staff maintain the C.D.C. (Centers for Disease Control and Prevention) or AL state guidelines for social distancing and the wearing of masks while attending the Academy. I further agree to indemnify and hold Grace Baptist Church & Academy harmless from any and all liability that may result from my child attending or participating in all activities of Grace Baptist Church & Academy whether on campus or off campus, including any complications that may arise due to Covid-19 or any other viruses or ill-nesses. I understand that should any of the information from any enrollment forms change, it is my responsibility to have a corrected form signed and updated and delivered to Grace Baptist Academy immediately.

This Statement of Cooperation and Waiver of Liability shall remain in effect for as long as my child listed below attends Grace Baptist Academy, whether it be in the pre kindergarten, kindergarten, elementary, junior-senior high, online academy, or summer school program.

Any reference herein to "child" shall include the student listed below.

Printed Name of Student Being Enrolled:

Parent/Guardian Signature:

_____Date Agreed To Forms & Signed: / /

Student Health Reco	r <u>d</u> <i>(confidential)</i> A Copy Of Your Child's Imi	munization R	ecord
Child's Name:		ade [.] S	ex: M / F
Would you say that y	our child's health is <u>excell</u> (ple	ent, fair, or po ase circle one)	oor?
If your child has had	any of the following illness	ses, indicate t	he year(s) they occurred.
, Diphtheria	Mumps		_ Ear Infection
Whooping Cough	Diabetes		_ Asthma
Scarlet Fever	Pneumonia		Covid-19
Any Measles	Chicken Pox		Other
Tuberculosis	Rheumatic Fe	ver	Other
name & purpose? Has your child been o	dered regular medication f diagnosed with tourettes? d have or had any uncontr NO	YES or NO)
•	ies your child may have, pl	ease be speci	fic
	Date of L		
Has your child ever h	ad a professional eye exar	n?	Date:
Nas there any treatn	nent necessary? YES or N	10	
Has your child ever h	ad a professional hearing	test?	Date:
Has your child ever h	ad any kind of psychologic	al examinatio	on?
Date:	Was there any treat	ment necessa	ry? *YES or NO
Has your child travele	ed out of the country in th	e last 12 mon	ths? *YES or NO
Has your child ever b	een diagnosed with Covid	-19? *YES c	or NO
	vaccinated for Covid-19? ovid isn't required for enro		
Colds Coughs	Diz Be		

I certify the above history is complete to the best of my knowledge. I also give Grace Baptist Academy staff the permission to call 911, or the above-named physician in case of an emergency when I, the parent, cannot first be reached. Date:

To be completed by parents:		
LAST NAME (STUDENT)	FIRST	MIDDLE
LAST NAME (PARENT OR GUARDIAN)	BIRTH DATE GRADE	HOME PHONE
FIRST NAME (FATHER)	FIRST NAME (MOTHER)	EMERGENCY PHONE

Parent Signature:

Shortness of Breath