



# Grace Baptist Academy

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

## Student Enrollment Form

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Student's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
First Middle Last

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Last Grade Completed: \_\_\_\_\_ Grade To Enroll: \_\_\_\_\_

Student's Date Of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: Male or Female

Father's Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Father'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 **"2023/2024"**

### 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 1<sup>st</sup> and the first tuition payment is due August 1<sup>st</sup> 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 1<sup>st</sup>.
- I understand that the policy of Grace Baptist Academy is to make **NO REFUNDS ON REGISTRATION, BOOK FEES, or CURRENT TUITION.**
- A \$35 fee will be added to everyone's April tuition to cover one yearbook per family. All prices are subject to change without any advance 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: \_\_\_\_\_

Date Signed: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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

### Emergency Contacts & Carline Pickup Names

(responsible adults to call if parent cannot be contacted)

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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## SCHOOL HISTORY

School Attended Last Year: \_\_\_\_\_ Grade: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Was Student Promoted To The Next Grade Level? **YES** or **NO** Reason For Leaving: \_\_\_\_\_

Was the student expelled or suspended for any reason in the last 2 years? **YES** or **NO** (explain) \_\_\_\_\_

List any grades the child has repeated: \_\_\_\_\_

Please check if the applicant has experienced any of the following:

YES \_\_\_\_\_ NO \_\_\_\_\_ Disciplinary problems such as office referral, suspension, and/or expulsion?

YES \_\_\_\_\_ NO \_\_\_\_\_ Been arrested, petitioned, and/or placed on court ordered probation?

YES \_\_\_\_\_ NO \_\_\_\_\_ Been evaluated for special needs, or recommended for, or received any special educational services?

YES \_\_\_\_\_ NO \_\_\_\_\_ Has engaged in any type of sexual activity, drug use, tobacco use, or alcohol consumption?

If you checked YES for any of the above, please explain: \_\_\_\_\_

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? <b>YES</b> or <b>NO</b>

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 and it's Biblical beliefs in a way that the 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 illnesses. 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: / /

# Grace Baptist Academy Enrollment Form (page 3 of 3)

## Student Health Record (confidential)

Please Also Provide A Copy Of Your Child's Immunization Record

Child's Name:	Date of Birth:	Grade:	Sex: M / F
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Would you say that your child's health is excellent, fair, or poor?  
(please circle one)

If your child has had any of the following illnesses, indicate the year(s) they occurred.

Diphtheria _____	Mumps _____	Ear Infection _____
Whooping Cough _____	Diabetes _____	Asthma _____
Scarlet Fever _____	Pneumonia _____	Covid-19 _____
Any Measles _____	Chicken Pox _____	Other _____
Tuberculosis _____	Rheumatic Fever _____	Other _____

List any physical, mental, or emotional disorders and any serious accidents or surgery your child has or has had. Indicate the year of occurrence. \_\_\_\_\_

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If your doctor has ordered regular medication for your child, what is the medication's name & purpose? \_\_\_\_\_

Has your child been diagnosed with tourettes? YES or NO

Has or does your child have or had any uncontrollable outbursts in a classroom setting? YES or NO

List any known allergies your child may have, please be specific. \_\_\_\_\_

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Child's Doctor: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Date of Last Visit: \_\_\_\_\_

Has your child ever had a professional eye exam? \_\_\_\_\_ Date: \_\_\_\_\_

Was there any treatment necessary? YES or NO

Has your child ever had a professional hearing test? \_\_\_\_\_ Date: \_\_\_\_\_

Has your child ever had any kind of psychological examination? \_\_\_\_\_

Date: \_\_\_\_\_ Was there any treatment necessary? \*YES or NO

Has your child traveled out of the country in the last 12 months? \*YES or NO

Has your child ever been diagnosed with Covid-19? \*YES or NO

Has your child been vaccinated for Covid-19? \*YES or NO

(Vaccination for covid isn't required for enrollment.)

Is your child subject to any of the following? (indicate No, Occasional or Frequent)

Colds _____	Headaches _____
Coughs _____	Dizziness _____
Asthma _____	Bed Wetting _____
Hay Fever _____	Does he/she tire easily _____
Shortness of Breath _____	

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.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**To be completed by parents:**

FIRST NAME (FATHER)	LAST NAME (STUDENT)	FIRST	MIDDLE
LAST NAME (PARENT OR GUARDIAN)	FIRST NAME (MOTHER)	BIRTH DATE	HOME PHONE
		GRADE	EMERGENCY PHONE