

OPEN BIBLE CHRISTIAN ACADEMY

13 Open Bible Way, Kingsville, MD 21087

410-593-9940 FAX 410-593-9942

APPLICATION FOR ADMISSION

FOR OFFICE USE ONLY:

Application Received _____

Application Fee Paid _____

Cash _____ Check # _____

Student's Full Name _____ Male _____ Female _____
last first middle

Street Address _____

City _____ State _____ Zip _____ Phone _____

Family Email Address: _____ Student's Cell # _____

Student's Date of Birth _____ Student's Social Security Number _____

Grade Applying for: _____ Date Entering _____

(K3 or K4: Half Day ___ Full Day ___ / 3 Day ___ 5 Day ___) (K5: Half Day ___ Full Day ___)

Last School Attended (give complete address) _____

Why are you choosing another school? _____

What grade (s) if any has the child repeated? _____

Has this student ever been asked to leave a prior school for any reason? _____ If so, explain _____

Has this student had prior problems with legal authorities? _____ If so, what? _____

Has this student had prior problems with drugs, alcohol, or tobacco? _____ If so, what? _____

Church Family Attends/Address _____

Pastor _____ Does your family attend Sunday School? ___ Have regular devotions? ___

Father's Name:

Address:

Home Phone:

Work Phone:

Cell Phone:

Occupation:

Employer:

Please check if any of the following apply:

Widow ___ Separated ___ Divorced ___ Remarried ___

Are you living with a person other than your spouse?

Yes ___ No ___ If yes, what is your relationship to this person? _____

Does the child reside with father? _____

Mother's Name:

Address:

Home Phone:

Work Phone:

Cell Phone:

Occupation:

Employer:

Please check if any of the following apply:

Widow ___ Separated ___ Divorced ___ Remarried ___

Are you living with a person other than your spouse?

Yes ___ No ___ If yes, what is your relationship to this person? _____

Does the child reside with mother? _____

Paternal Grandparents

Name:

Address:

Day Phone:

Name:

Address:

Day Phone:

Maternal Grandparents

Name:

Address:

Day Phone:

Name:

Address:

Day Phone:

PLEASE COMPLETE REVERSE SIDE OF APPLICATION

COOL CLUB:

Part-time (up to 5 times/week) _____ Full-time (6-10 times/week) _____ Drop in (\$25/session) _____

Financial:

The non-refundable application fee of \$50.00 (K4-12) must accompany application.

The non-refundable registration/book/activity fee of \$250.00 (K3-K4) \$495.00 (K5-12) is paid upon acceptance to confirm placement.

Tuition: (select one) (All Tuition will be paid through FACTS.)

- _____ Payment in full (due on or before August 15) - 2% discount
- _____ Semi-Annual Payments (due on August 15 and January 15) – no discount - \$20 FACTS fee
- _____ 10 monthly payments – July through April - \$45 FACTS fee

Comments: (Any information that would be helpful to the school, including special needs or health concerns):

Referred by: _____

All information given on this form is accurate and truthful. We agree to accept the Christian education philosophies and spiritual standards and to abide by the rules and regulations of Open Bible Christian Academy. Application is incomplete if no signature provided

Signed:

Student (Grade 4 and above)

Parent

Parent

Date

Any misrepresentation will be cause for immediate dismissal of your child(ren) from school.

**All students are accepted for the first ninety days on a trial basis to assure and accurate fit for every student and family.

I give my permission for Open Bible Christian Academy to use my child's photo for advertising purposes.

Parent's Signature