



Fredonia Hill Baptist Academy
Enrollment Application for 2024-2025



Family Information: (please complete all blanks):

Father's Info: Name: _____
 Home Mailing Address: _____ City: _____ State: _____ Zip: _____
 Place of Employment: _____ Title: _____
 Cell Number: _____ Work Number: _____ Home: _____
 Religion Preference: _____ Church you attend: _____

Mother's Info: Name: _____
 Home Mailing Address: _____ City: _____ State: _____ Zip: _____
 Place of Employment: _____ Title: _____
 Cell Number: _____ Work Number: _____ Home: _____
 Religion Preference: _____ Church you attend: _____

Parents Status: Married _____ Separated _____ Divorced _____ Widowed _____ Single _____

If apart, who does the child live with? _____

How did you learn about FHBA? ___ Current Student ___ Newspaper ___ Radio ___ Website ___ Friend (whom) _____

***The school offers a \$200 referral credit for any family that refers a new student, if he/she enrolls in the academy.**

In case of emergency and we cannot contact parents, whom would you like us to call:

Name: _____ Number: _____ Relationship: _____
 Name: _____ Number: _____ Relationship: _____

Most of our communication with parents is via email, please **clearly** print email address.

Email: _____
 Email: _____

The following adults are authorized to pick up my child/children:

Name: _____ Phone: _____ Relationship: _____
 Name: _____ Phone: _____ Relationship: _____
 Name: _____ Phone: _____ Relationship: _____
 Name: _____ Phone: _____ Relationship: _____

For Office Use Only:

Required Forms to Register:

- | | |
|---|--|
| ___ Completed Enrollment Form | ___ Registration Fee of \$300 per student (max family \$450) |
| ___ Signed Financial Statement | ___ Tuition Deposit |
| ___ Copy of updated immunization record | ___ Voided Check |
| ___ Copy of most recent report cards and test scores (if new to FHBA) | |
| ___ Copy of birth certificate | |



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Child's Full Name: _____ Nickname or name goes by: _____

Child's Birthdate: Month: _____ Day: _____ Year: _____ Sex: M or F

Child's Social Security Number _____

Birth Place: City _____ State _____

Child Information: Grade registering for: (circle)				PK-3	PK-4	K	1st	2nd	3rd	4th	5th	6th	7th	8th
Circle Option:														
Pre-K 3 & Pre-K 4:		Option 1(7:20-11:30)			Option 2(7:20-3:00)			Option 3(7:20-5:30) (Includes the EDGE Program)						
Kinder thru 8th Grade:				Option 2(7:20-3:20)			Option 3(7:20-5:30) (Includes the EDGE Program)							

List any previous schools attended: _____

FHBA will need a copy of report cards and previous testing scores.

Child's Physician: _____ Phone Number: _____

List any allergies: _____

List any physical disabilities and explain: _____

Is child on medication, if so, please list and explain: _____

Are there any health concerns that we may need to know about? Yes No

If yes, please explain _____

Has student ever been expelled from a school or repeated a grade? Yes No

If yes, please explain: _____

Has student ever been tested or received special help for reading or a learning disability? Yes No

If yes, please provide information: _____

Has student ever been tested or placed in a special learning program? Yes No

If yes, please explain: _____

Has student ever been examined or treated by a counselor, doctor, or psychiatrist for hyperactivity or attention deficit disorder? Yes No

If yes, please explain: _____

Do you suspect or have you been told that your child might have dyslexia? Yes No

If yes, please explain: _____



PARENT'S (OR LEGAL GUARDIAN'S) STATEMENT

In the event my child becomes ill or is injured while under school supervision, I approve that the school authorities take the following steps:

1. Contact a parent of the student and follow his instructions.
2. In the event that neither parent can be reached, contact the student's physician and follow his instructions. If the student's physician cannot be reached, the school authorities will use their own discretion in contacting a properly licensed physician and follow his instructions. If, in the opinion of a properly licensed, practicing physician, my child needs medical or surgical services which require my consent before being supplied and I cannot be reached, I hereby authorize, appoint and empower the principal or her designee to furnish on my behalf such written or oral authorization as may be so required. Further, I release the principal or her designee, Fredonia Hill Baptist Academy, and/or Fredonia Hill Baptist Church from any liability which might arise from the granting of such authorization, it being my desire that my child be furnished with such medical or surgical services as soon as reasonably possible after the need arises.

ACKNOWLEDGMENT OF FHBA FAMILY HANDBOOK FOR 2024-25 SCHOOL YEAR

We acknowledge that we have been offered the option to receive a paper copy of the Fredonia Hill Baptist Academy Family Handbook for the 2024-25 school year or to electronically access it on the school's website at www.fhbacademy.com. We understand that students and parents will be held accountable for all areas of the Family Handbook.

We have chosen to:

- Accept responsibility for accessing the Family Handbook on the school's website.
- Receive a paper copy of the Family Handbook.

*****We understand and support the purpose of Fredonia Hill Baptist Academy is to provide an accelerated curriculum in a Christian environment. This school sets very high academic standards and strives to prepare each child to attain his/her academic potential. *****

Printed Name: _____ Date: _____

Signature: _____



Fredonia Hill Baptist Academy
2024-2025
Rates and Fees



Application and Enrollment Fees (non-refundable and non-transferable)

NEW STUDENT

Testing Fee (1st-8th)	\$25	Due at scheduled testing time.
Registration Fee	\$300	Due when Registration packet is submitted.(Max \$450 per family)
Deposit	\$200	Due when Registration packet is submitted and applied to first months tuition.

CURRENT STUDENT

Registration Fee	\$300	Due when Registration packet is submitted.(Max \$450 per family)
Late Registration Fee	\$400	Due when Registration packet is submitted. (This is due if you register after July 15th. Max \$550 per family.)
Deposit	\$200	Due when Registration packet is submitted and applied to first months tuition.

Tuition Rates and Fees	2024-2025 Tuition Rate	Payment Plan Breakdown for 12 Months May 2023- April 2025
Half Day Pre-K 7:20-11:30	\$4,510.00	\$375.83
Pre-K 7:20-3:00	\$4,710.00	\$392.50
Kindergarten - 5th Grade	\$4,960.00	\$413.33
6th - 8th Grade	\$5,460.00	\$455.00

*EDGE (3:00 - 5:30)	2024-2025 Tuition Rate	Payment Plan Breakdown For 10 Months August 2024 - May 2025
All Grades	\$2,000.00	\$200.00
Drop- In Fee	\$15.00 Per Day	

***E.D.G.E.**
(Enriching Development with Godly Education)

The E.D.G.E. program provides after school care for students who need to stay after the school day has ended. The program consists of two age groups, PreK-Kindergarten and First-Eighth grade. The daily schedule includes a nutritious snack, homework time, outside play, and inside activities such as games, puzzles, art, and other various activities.

All child care providers have met the Texas State qualifications and are Christian adults.

Program hours are from 3:00 – 5:30, Monday – Friday. Students may be picked up at any point during this time.



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This registration contract is submitted with the understanding that it is for the **twelve- month school term**, with the **total** term payment obligated by the undersigned.

After July 15, 2024 if a student withdraws prior to the fulfillment of the contract, the undersigned is required to pay 50% of the remaining tuition.

This enrollment application must be accompanied by a registration fee of \$300 plus a tuition deposit of \$200 for each student enrolling. The deposit payment will be applied to your first tuition payment.

For current students who enroll after July 15, 2024, you will be charged an additional \$100 late registration fee. These fees are non-refundable & non-transferable.

Fredonia Hill Baptist Academy reserves the right to terminate this contract at any time by waiver of the remaining tuition due.

Signature: _____ Print: _____ Date: _____



Authorization for Direct Payment

I authorize Fredonia Hill Baptist Academy to initiate entries to my checking/savings account. This direct payment will be on the 16th of each month indicated below. This payment will be applied to my child’s monthly tuition payment. This authority will remain in effect until the listed payment schedule has been completed. I can stop payment of any entry by notifying my financial institution 3 days before my account is charged.

Twelve Month Option:

Amount: _____ May 2024 (Remaining tuition amount after the registration deposit of \$200 applied.)

Amount: _____ June 2024 thru April 2025 – full month tuition rate

Name of Financial Institution: _____ Branch: _____

City: _____ State: _____ Zip Code: _____

Account Holders Name: _____

Account Holders Address: _____

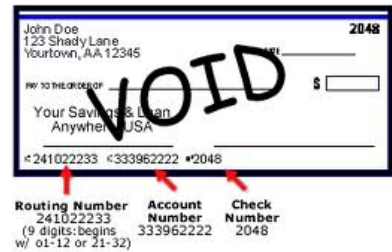
Signature of Account Holder: _____ Date: _____

- Checking Account
- Savings Account

Please complete this info and attach a voided check.

Transit Routing Number: _____

Account Number Information: _____





Electric Communication Acceptable Use Policy

STUDENT

I understand and will voluntarily abide by the School’s Internet Use Policy. I further understand that violation of the policy is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked, school disciplinary action may be taken, and/or appropriate legal action may be taken. Signature(s) at the end of this document indicates that I/we have read the School’s Network/Internet Use Policy carefully, understand its significance, and agree to comply fully with all terms and conditions therein. Parents may sign for their students in Pre-Kindergarten through First Grade.

Student’s Name(s)

Grade:

- 1. _____
- 2. _____
- 3. _____

PARENT OR GUARDIAN

As the parent or guardian of this student, I have read the Internet Use Policy. I understand that this access is designed for educational purposes. However, I also recognize it is impossible for the school to restrict access to all controversial materials, and I will not hold them responsible for materials acquired on the network. Further, I accept full responsibility for supervision if and when my child’s use is not in a school setting. I hereby give permission to issue an account for my child and certify that the information contained on this form is correct. I release Fredonia Hill Baptist Academy from any and all liability relating to my child’s use of the Internet.

Parent or Guardian’s Name (please print): _____

Signature: _____

Date: _____

****I hereby give permission for images of my child, captured during activities at or sponsored by Fredonia Hill Baptist Academy, Nacogdoches, Texas, through video, photo or digital camera, to be used solely for the purposes of Fredonia Hill Baptist Academy promotional material and publications, and waive any rights of compensation or ownership thereto.**

Name of Participant _____

Age: _____

Name of Parent/ Gaurdian: _____

Parent/Guardian’s Signature: _____

Date: _____

Name of student: (print) _____



****I give permission for my child to take part in all field trips scheduled for his/her class during the year. I also release the school from liability during these trips.**

By signing below, you are allowing your child to participate with his/her class in all field trips scheduled for the year.

Parent Signature _____

Date _____

Cell Phone Policy Agreement

STUDENT

I understand and will voluntarily abide by the School’s Cell Phone Policy located in the Family Handbook. Should I commit any violation, school disciplinary action may be taken. Signature(s) at the end of this document indicates that I/we have read the School’s Cell Phone Policy carefully, understand its significance, and agree to comply fully with all terms and conditions therein. Parents may sign for their students in Pre-Kindergarten through First Grade.

Student’s Name(s) Print and Sign

Grade:

1. _____
2. _____
3. _____

PARENT OR GUARDIAN

I, _____, the parent/guardian of _____ have read and understand the Fredonia Hill Baptist Academy Cell Phone Policy and will help to enforce this policy with my child/children.

Checklist for parents of items you MUST have to Register! Registration will not be accepted without all items!

- ___ Completed Enrollment Form
- ___ Registration Fee of \$300 per student (max family \$450)
- ___ Signed Financial Statement
- ___ Tuition Deposit of \$200 per student
- ___ Voided Check
- ___ Copy of updated immunization record
- ___ Copy of most recent report cards and test scores (if new to FHBA)
- ___ Copy of birth certificate (If new to FHBA)

