



Fredonia Hill Baptist Academy
Enrollment Application for 2026-27



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 _____

List any previous schools attended: _____

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)

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: _____

Please List any siblings, their ages, and current school:
