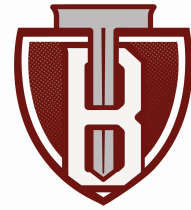


Enrollment Application
2026-2027



Temple Baptist School

Student Name _____
Last First Middle

Name your child goes by: _____

Gender Male Female Primary E-mail contact _____

Date of Birth (mm/dd/yyyy) _____ Age _____ Ethnicity _____

Family Information

Dad's Name _____

Address _____

City: _____ State: _____ Zip: _____

Employer _____ Work Phone _____

Mobile phone # _____ Dad's E-mail address: _____

Mother's Name _____

Address _____

City: _____ State: _____ Zip: _____

Employer _____ Work Phone _____

Mobile phone # _____ Mom's E-mail address: _____

Marital status of parents Married Separated Divorced Spouse deceased Other

Divorce situations: Please list who has custody of the children and submit a copy of the custody agreement. Please inform us of any unusual circumstances regarding releasing children to the care of other adults.

Church family attends: TBC Other: _____

Name of Pastor: _____ Church Phone # _____

I am in agreement with the school's efforts to prepare children both academically and spiritually.

By completing this registration, the parent(s)/guardian(s) agree that enrollment constitutes a binding agreement between the family and Temple Baptist School for the entire academic year. Withdrawal of the student before the end of the school year will only be permitted under the following circumstances:

1. The family relocates more than 50 miles from the school's location.
2. A documented medical condition prevents the student from continuing enrollment.
3. The student is released by the school due to academic, spiritual, disciplinary, or other reasons deemed necessary by the administration.

In the event of withdrawal for any reason other than those listed above, the parent(s)/guardian(s) remain financially responsible for the full annual tuition and fees, regardless of the student's attendance. This agreement ensures stability for both the student and the school community throughout the school year.

Medical History Changes (List here)

Office Use Only

☐ RF _____
☐ BK _____
☐ TN _____
☐ DC _____

Does your child have an academic weakness that you would like to see strengthened? Yes No If yes, explain.

Has your child been expelled, dropped, or suspended from school? Yes No

Does your child have any special health needs? Yes No If yes, explain on separate sheet.

Does your child have any special needs relating to work & study habits? Yes No If yes, explain.

Why do you desire to enroll your child in a Christian school ?

Does your child have any character traits that you feel a teacher should be aware of in advance?

What is your position in regards to your child's media viewing habits?

Child's special interests?

Is your child fluent in English? Yes No *(That is, can the child understand what the teacher is saying? Can he communicate with the teacher?)*

Are you in agreement with the school's efforts to prepare children to live according to Biblical life principles (in conjunction with a thorough academic preparation)?

Does this child have health insurance? _____ Please inform the office of any health issues on the health form.

Company _____ Policy Number/Group Number _____

Family's country of origin _____

The reason for this information request is that the school is asked to provide demographical/ethnicity data in the accreditation reporting process. We are quite ethnically diverse; TBS accommodates many different cultures from around the world. We are a "majority minority" school.

Is your child going to be enrolled for the entire school year? (August—end of May) _____

Our family plans to use afternoon daycare for the following hours for this student:
12 pm—6 pm (K3-K4); 3 pm—6 pm (K5-12).

Hours for day care: _____

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING THIS APPLICATION.

TEMPLE BAPTIST SCHOOL DOES NOT DISCRIMINATE ON THE BASIS OF RACE, SEX, NATIONAL OR ETHNIC ORIGIN IN ADMISSIONS PROCEDURES OR IN THE ADMINISTRATION OF ITS EDUCATIONAL POLICIES.

Attendance at Temple Baptist School is a privilege - not a right. Temple Baptist School reserves the right to deny admission to any individual who cannot benefit by their enrollment in *TBS* on the basis of either a history of poor academic performance, an extenuating poor health situation which *TBS* staff is not capable of monitoring, or a personal lifestyle/philosophy not in harmony with that of Temple Baptist School, as stated in *Student-Parent Handbook* and *High School Supplement Handbook*.

Temple Baptist School reserves the right to dismiss students who consistently fail to cooperate with the stand-ards set by the school. (Either in school or in daycare) This also applies to parental cooperation.

In signing the application form, parents enroll their children with the understanding that the administration may request the withdrawal of any student at any time, if in its opinion the student, and/or parents, do not uphold a spirit of **willing** compliance with the overall *TBS* philosophy. This *willing compliance* supersedes mere *outward conformity* to the specific *regulations* found in the school *Handbook*.

Statement of Cooperation

I have read and agree to cooperate with the standards and policies of Temple Baptist School. I also understand that teachers are paid through timely tuition payments and I promise to pay my tuition (and daycare/music if applicable) payments by the 15th of each month beginning in August and ending in May.

I attest that all the information on this form is true.

Signed: _____

Parent/Legal Guardian must sign for application to be processed

A non-refundable \$225.00 fee and appropriate book fee **must** accompany this application

I understand that periodically, TBS will use photographs taken of students for use in the yearbook, school web-site, and Facebook. I grant permission for photos of my child to be used in this manner.

Signed: _____

Notice:

Due to insurance regulations and liability concerns, TBS faculty and staff cannot administer medicine of any kind to students. If a child must have medicine at school, it must be administered by the parent.