

How did you learn about FBCS?
Please check all that apply!
 Family/Friend
 Yellow pages
 School Website
 School Advertisement
 School Marque
 Radio
 Newspaper
 Other _____

First Baptist Church School

600 N. St. Mary's *P.O. Box 519
Beeville, TX 78104-0519
(361) 358-4161
www.fbcschool.com

FOR OFFICE USE ONLY
Date App. Received _____
Date Registration Fee Pd _____
Date Book Fee Pd _____
Check # _____ Cash
Receipt # _____
Testing No Yes / Date:
Recommended Grade
Referring Family:

2018- 2019 Application

Returning Student / New Student

STUDENT INFORMATION

Last Name _____ First _____ Middle _____

Nickname _____ Male / Female _____ SS# _____

Birth Date _____ Grade applying for _____

Address _____

Who has legal custody of child? Joint Mother Father Other/Legal Guardian

Student lives with _____ Child's Ethnicity: _____

Who is financially responsible for this child? _____

If other than joint; all parties must provide legal documentation.

Guardian Name _____ Relationship _____

SCHOOL INFORMATION

Age on September 1 for students entering Pre-K _____

Last grade completed for all K-6th grades _____

Name of Former School & Address _____

Has this student ever been retained? Yes No

Has this student ever been suspended or expelled from school? Yes No

Has this student ever been diagnosed with any learning disability? Yes No

Does this student have any physical or health problems? Yes No

If you answered yes to any of the above, please explain: _____

FATHER or GUARDIAN

Title: Mr. ___ Dr. ___

Last Name _____ First _____

Home Address _____ City _____ St ___ Zip _____

Home Phone _____ Work # _____ Cell _____

Email Address _____

Marital Status: Married Single Divorced Widowed Separated

Occupation: _____ Employed By: _____

Church Affiliation _____ Member ___Yes ___No

Work Address _____

Father or Guardian's Signature

Date

MOTHER or GUARDIAN

Title: Mrs. ___ Ms. ___ Miss ___ Dr. ___

Last Name _____ First _____

Home Address _____ City _____ St ___ Zip _____

Home Phone _____ Work # _____ Cell _____

Email Address _____

Marital Status: Married Single Divorced Widowed Separated

Occupation: _____ Employed By: _____

Church Affiliation _____ Member ___Yes ___No

Work Address _____

Mother or Guardian's Signature

Date

First Baptist Church School celebrates school spirit each Wednesday during Chapel. You will receive one school t-shirt the first week of school. Please indicate your child's t-shirt here size : _____

Please keep in mind growth throughout the year. Additional t-shirts and polo shirts may be ordered and purchased through the school office.

I am responsible for tuition payments and agree to pay:

Registration Fee, due at the time registration is turned in to the School Office.

Book Fee due at the time of registration or before July 1.

** (fees paid after July 1 incur an additional shipping fee).

Tuition Fee is due by the 15th of each month, for ten months, August to May.

Registration and Book Fees are non-refundable.

Registration is NOT complete until Registration & Material/Book Fees are paid in full.

Parent or Guardian's Signature _____ Date _____

Checklist

Please submit the following with your application:

All Students

All Completed and Signed Registration forms

Copy of Immunization records (All ages)

Copy of student's Birth Certificate (All ages)

New Grade School Students:

Student records release form (K –5th grade)

Copy of last report card (K– 5th grade)

Copy of latest testing scores (K-5th grade)

I acknowledge that all of the above mentioned forms and records have been submitted to be filed with First Baptist Church School, 600 N. St Mary's St., Beeville, TX.

Parent or Guardian's Signature _____

Date _____

We look forward to your partnership with FBC School. Thank you for your consideration.
First Baptist Church School Committee

Referring Family Information

Who may we thank for referring you to us?

Our family was referred to First Baptist Church School by the _____
Family.

In case of illness or emergency, if parents/legal guardians cannot be reached, please list other persons in the order you wish us to call.

1.	_____	_____	_____	_____
	Name	Relationship	Phone #	Cell #
2.	_____	_____	_____	_____
	Name	Relationship	Phone #	Cell #
3.	_____	_____	_____	_____
	Name	Relationship	Phone #	Cell #

In the event a parent cannot pick up the student during or after school, the following persons are authorized and have my permission to do so. For security purposes, please come to office to submit copy of valid Texas Driver's license or photo ID.

1.	_____	_____	_____	_____
	Name	Relationship	Phone #	Cell #
2.	_____	_____	_____	_____
	Name	Relationship	Phone #	Cell #
3.	_____	_____	_____	_____
	Name	Relationship	Phone #	Cell #

Persons who may NOT pick up or are restricted in picking up my child:

For custodial, legal or court restrictions, FBCS must have official documents on file to restrict pick up of a child.

1.	_____	_____
	Name	Relationship
2.	_____	_____
	Name	Relationship

Remarks: (Special diet, medication, discipline problems, fears, family situation, favorite toy, etc.)

List Food/Other Allergies, if any _____

Authorization for Emergency Medical Attention

In the event I cannot be reached for emergency medical care, I authorize the person in charge to take my child to:

Name of my child's Physician: _____

Address: _____ Phone # _____

Or if necessary to the following Emergency Care Facility:

I give consent for the faculty to secure any and all necessary emergency medical care for my child.

Signature of Responsible Party

Relationship to Child

Date

Authorization for Administering Medication

I, the undersigned parent or guardian of _____ request the assistance of the First Baptist Church School in administering medication to my child.

I agree that all medications for my child be kept in the school office and under the control of the principal, office staff or homeroom teacher, and that it will be made available to my child when needed.

All medicines given by the school personnel must have a label that has the following information on the label:
Student's name / name of drug / instructions for taking the medication, and the prescribing physician's name. *ALL medication must be in the ORIGINAL container.*

Only the amount of medication required at school should be sent to school. Please DO NOT send the entire prescription to school.

I realize the school can in no way accept any responsibility for the administration of any medicines to the above mentioned student nor for any condition resulting from the child's failure to take such medication.

The child and I accept full responsibility for such medications and for the administration of the medication to the child.

Signature of Parent/Guardian

Date

Please list known allergies: _____

Medical History/Illnesses _____

If medicine is to be given longer than 10 days (long term medication) the doctor's signature is required on this form.

Name of Medication	Begin Date	Dosage	Dispensed Times	Termination Date
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Signature of Physician authorizing medication

Date

Release of Media Authorization

I, hereby give my permission for _____ to be photographed or videotaped
(Name of Student)
for the following First Baptist Church School purposes:

School Recognition: Bulletin boards, Facebook posts of students or class— students names will not be posted.
_____ YES _____ NO

Memorabilia record of activities and events (Yearbook, etc.)
_____ YES _____ NO

School Advertisement: brochures, billboards, television, newspaper or Internet advertising. _____ YES _____ NO
(PARENTS WILL BE CONTACTED BEFORE ANY PUBLISHING FOR SCHOOL ADVERTISEMENT)

Name of Student _____ Grade _____ Age _____

Signature of Parent/Guardian _____ Date _____

_____ **OR** _____

I, DO NOT give my permission for release of any media material for the above said purposes involving my child,

(Name of Student)

Please inform your child that they may be asked to step out of a group or class picture when choosing this option.

Signature of Parent/Guardian _____ Date _____

FOR SCHOOL USE ONLY:

The office has on record the following:

Permission given for field trips	Yes _____	No _____
Permission given for media events	Yes _____	No _____
Permission given for participation in computer program	Yes _____	No _____