



Fredonia Hill Baptist Academy

Enrollment Application for 2017-18



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 _____

If apart, who does child live with? _____

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

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:

- | | |
|---|--|
| <input type="checkbox"/> Completed Enrollment Form
<input type="checkbox"/> Signed Financial Statement
<input type="checkbox"/> Copy of updated immunization record
<input type="checkbox"/> Copy of most recent report cards and test scores (if new to FHBA)
<input type="checkbox"/> Copy of birth certificate | <input type="checkbox"/> Registration Fee of \$75 per student (max family \$150)
<input type="checkbox"/> Tuition Deposit applied to August 2017 Tuition
<input type="checkbox"/> Voided Check if Option C is selected for payment |
|---|--|



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There will be a \$25 surcharge for CURRENTLY enrolled students who register after June 1st.

Student Information (please complete all blanks):

Child's Shirt Size: **Youth** S M L **Adult** S M L XL

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

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

Birth Place: City _____ State _____

Child : 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 (8-11:30)	Option 2 (8-3:00)	Option 3 (8-5:30) <small>(includes the EDGE-afterschool program)</small>
Kinder thru 8 th Grade:		Option 2 (8-3:00)	Option 3 (8-5:30) <small>(includes the EDGE-afterschool program)</small>

Early Birds: Pre K3 – 2nd ONLY. If your child needs to arrive before 7:50 am – he/she must be enrolled in Early Birds.

Enroll my child in Early Birds Yes No

List any previous schools attended: _____

FHBA will need 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: _____



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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 2017-18 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 2017-18 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 that 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: _____



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Tuition Options:	Registration Fee:	Annual (1 X):	Semester (2 X):	Draft 10 mo. Plan:	Draft 12 mo. Plan:
	(Max of \$150/family)	(Due Sept. 1)	(Due Sept. 1 & Jan. 5)	(Sept. 2017 - May 2018)	(May 2017 - April 2018)
		(Includes 5% disc.)	(Includes 2% disc.)		
PreK-3 & PreK-4:					
1/2 Day (8:00-11:30)	\$75	\$3,087.50	\$1,592.50	\$325	\$270.83
Full Day (8:00-3:00)	\$75	\$3,372.50	\$1,739.50	\$355	\$295.83
Full Day + EDGE (8:00 - 5:30)	\$75	\$4,940	\$2,548	\$520	\$433.33
Kinder - 6th Grade:					
Full Day (8:00-3:00)	\$75	3,372.50	\$1,739.50	\$355	\$295.83
Full Day + EDGE (8:00 - 5:30)	\$75	\$4,940	\$2,548	\$520	\$433.33
7th & 8th Grade:					
Full Day (8:00-3:00)	\$75	\$3,847.50	\$1,984.50	\$405	\$337.50
Full Day + EDGE (8:00 - 5:30)	\$75	\$5,415	\$2,793	\$570	\$475

Early Birds Program (7:30 – 7:50) \$180 per year

Tuition Payment Options: Please select one.

- Option A: Pay the entire year of tuition (Receive a 5% Discount). Payment can be made in cash, check or money order. Must be received by September 1, 2017.
- Option B: Pay the entire fall tuition amount by September 1, 2017. Then, pay the entire spring tuition amount by January 5, 2018. (Receive a 2% Discount). Payment can be made in cash, check or money order.
- Option C: Authorize FHBA to set up automatic draft withdrawal on a monthly basis for each student enrolled. Complete the attached ACH Direct Payment Authorization Form and include a voided check. Withdrawals will be made for one half month tuition for August and full tuition amount for September 2017 through May 2018 for 10 months, or May 2017 through April 2018 for 12 months.

This registration contract is submitted with the understanding that it is for the **full ten month or twelve month school term**, with the **total** term payment obligated by the undersigned. **If student withdrawals prior to the fulfillment of contract, the undersigned is required to pay 50% of the remaining tuition. This enrollment application must be accompanied by a registration fee of \$75 plus one half months tuition payment for each student enrolling. The tuition payment will be applied to August 2017. 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: _____



Fredonia Hill Baptist Academy
ACH Direct Payment Authorization for 2017-18



Authorization for Direct Payment

I authorize Fredonia Hill Baptist Academy to initiate entries to my checking/savings account. This direct 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.

Ten Month Option:

Amount: _____ August 2017 – one half months tuition rate

Amount: _____ September 2017 thru May 2018 – full month tuition rate

Twelve Month Option:

Amount: _____ May 2017 – one half months tuition rate

Amount: _____ June 2017 thru April 2018 – 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 attached a voided check.

Transit Routing Number: _____

Account Number Information: _____

Would you like tuition to be drafted on the 5th or the 16th of every month? _____





**Fredonia Hill Baptist Academy
Electronic Communications
Acceptable Use Policy for 2017-18**



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: _____