



# Fredonia Hill Baptist Academy

## Enrollment Application for 2018-19



**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:

- |   |  |
|---|--|
| ___ Completed Enrollment Form   | ___ Registration Fee of \$125 per student (max family \$250) |
| ___ Signed Financial Statement  | ___ Tuition Deposit applied to August 2018 Tuition           |
| ___ Copy of updated immunization record                               | ___ Voided Check if Option C is selected for payment         |
| ___ Copy of most recent report cards and test scores (if new to FHBA) |  |
| ___ Copy of birth certificate   |  |



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**There will be a \$25 surcharge for CURRENTLY enrolled students who register after June 1<sup>st</sup>.**

Student Information (please complete all blanks):

Child's Shirt Size: **Youth** XS 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 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup> 5<sup>th</sup> 6<sup>th</sup> 7<sup>th</sup> 8<sup>th</sup>

**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 <sup>th</sup> Grade:		Option 2 (8-3:00)	Option 3 (8-5:30) <small>(includes the EDGE-afterschool program)</small>

Early Birds: Pre K3 – 2<sup>nd</sup> 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 2018-19 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 2018-19 school year or to electronically access it on the school's website at [www.fhbacademy.com](http://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: \_\_\_\_\_



## Fredonia Hill Baptist Academy Enrollment Application for 2018-19



Tuition Options:	Registration Fee:	Annual (1 X):	Semester (2 X):	Draft 10 mo. Plan:	Draft 12 mo. Plan:
	(Max of \$250 Per family)	(Due Sept. 1)	(Due Sept. 1 & Jan. 7)	(Sept. 2017 - May 2018)	(May 2017 - April 2018)
		(Includes 5% disc.)	(Includes 2% disc.)		
<b>PreK-3 &amp; PreK-4:</b>					
1/2 Day (8:00-11:30)	\$125	\$3,372.50	\$1,739.50	\$355	\$295.83
Full Day (8:00-3:00)	\$125	\$3,657.50	\$1,886.50	\$385	\$320.83
Full Day + EDGE (8:00 - 5:30)	\$125	\$5,225	\$2,695	\$550	\$458.33
<b>Kinder - 6th Grade:</b>					
Full Day (8:00-3:00)	\$125	3,657.50	\$1,886.50	\$385	\$320.83
Full Day + EDGE (8:00 - 5:30)	\$125	\$5,225	\$2,695	\$550	\$458.33
<b>7th &amp; 8th Grade:</b>					
Full Day (8:00-3:00)	\$125	\$4,132.50	\$2,131.50	\$435	\$362.50
Full Day + EDGE (8:00 - 5:30)	\$125	\$5,700	\$2,940	\$600	\$500

**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, 2018.
- Option B: Pay the entire fall tuition amount by September 1, 2018. Then, pay the entire spring tuition amount by January 7, 2019. (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 2018 through May 2019 for 10 months, or May 2018 through April 2019 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 \$125 plus one half months tuition payment for each student enrolling. The tuition payment will be applied to August 2018. 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 2018-19**



**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 2018 – one half months tuition rate

Amount: \_\_\_\_\_ September 2018 thru May 2019 – full month tuition rate

Twelve Month Option:

Amount: \_\_\_\_\_ May 2018 – one half months tuition rate

Amount: \_\_\_\_\_ June 2018 thru April 2019 – 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 5<sup>th</sup> or the 16<sup>th</sup> of every month? \_\_\_\_\_





**Fredonia Hill Baptist Academy  
Electronic Communications  
Acceptable Use Policy for 2018-19**



**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: \_\_\_\_\_