

**Sharon Baptist Academy**  
**Application for enrollment**

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Goes by \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_

Physical Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Child's Social Security # \_\_\_\_\_

Highest Grade Completed \_\_\_\_\_ Grade Requested \_\_\_\_\_ Desired Enrollment Date \_\_\_\_\_

Today's Date \_\_\_\_\_ Previous School Attended \_\_\_\_\_

**FAMILY INFORMATION**

Father's Name \_\_\_\_\_ Work Phone(\_\_\_\_) \_\_\_\_\_ Home Phone(\_\_\_\_) \_\_\_\_\_

Father's Mailing Address \_\_\_\_\_

Employer \_\_\_\_\_ Cell# (\_\_\_\_) \_\_\_\_\_ Social Security # \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work Phone(\_\_\_\_) \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

Mother's Mailing Address \_\_\_\_\_

Employer \_\_\_\_\_ Cell# (\_\_\_\_) \_\_\_\_\_ Social Security # \_\_\_\_\_

Religious Preference \_\_\_\_\_ Church Membership \_\_\_\_\_

**EMERGENCY INFORMATION**

In the event of an emergency where neither parent can be reached, the school should contact the person below:

Emergency Name \_\_\_\_\_ Relationship \_\_\_\_\_

Emergency Phone: WK(\_\_\_\_) \_\_\_\_\_ H (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Emergency Name \_\_\_\_\_ Relationship \_\_\_\_\_

Emergency Phone: WK(\_\_\_\_) \_\_\_\_\_ H (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

I hereby grant permission for Sharon Baptist Church Academy to meet the needs of my child in the case of an emergency.

\_\_\_\_\_ Parent's signature

Are there any talents, gifts or hobbies the parents would be willing to share with students?

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Are there any particulars, not already mentioned, that we should know about your child?

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Email addresses:

Mom home \_\_\_\_\_ work \_\_\_\_\_

Dad home \_\_\_\_\_ work \_\_\_\_\_

Extra email addresses : \_\_\_\_\_

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**DO NOT WRITE BELOW THIS LINE**

Registration fee: Amt. \_\_\_\_\_ Check Number \_\_\_\_\_ Date \_\_\_\_\_

Test Score \_\_\_\_\_ Approval \_\_\_\_\_

Comments \_\_\_\_\_

Acceptance Date \_\_\_\_\_ Withdrawal/Graduation Date \_\_\_\_\_

**Student Health Record**  
**(CONFIDENTIAL: Please Provide an immunization record)**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_ Sex \_\_\_\_

Overall health (excellent, fair, poor)? \_\_\_\_\_ Weight \_\_\_\_ Height \_\_\_\_

**If the child has had the following illnesses, indicate when.**

Diphtheria _____	Scarlet Fever _____	Rheumatic Fever _____
Diabetes _____	Red Measles _____	Whooping Cough _____
Pneumonia _____	Chicken Pox _____	German Measles _____
Mumps _____	Tuberculosis _____	Ear Infection _____
Asthma _____	Other _____	Other _____

**Serious Accidents/date**

**Surgeries/date**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Identify ongoing medications for your child and the reasons:** \_\_\_\_\_

\_\_\_\_\_

**Allergies?** \_\_\_\_\_

**Does your child have:**

Fillings \_\_\_\_\_

Caps or Crowns \_\_\_\_\_

Braces \_\_\_\_\_

False Teeth \_\_\_\_\_

Glasses \_\_\_\_\_

Hearing aids \_\_\_\_\_

**Has the child been diagnosed with any learning disabilities, mental or emotional disorders?**

\_\_\_\_\_  
\_\_\_\_\_

Sign \_\_\_\_\_

Date \_\_\_\_\_



Student Name: \_\_\_\_\_

**Sharon Baptist Academy  
Third Party Release**

**Sharon Baptist Academy cannot release a child to anyone other than a parent or legal guardian without written permission from the parent or guardian. Please list authorized persons below:**

**Person's Authorized to pick up child: (They may be asked for ID)**

Name	Phone	Name	Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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**Permission To Participate in School Activities and  
To Receive Emergency Medical Care**

I hereby grant permission for my child to use all of the play equipment and participate in all of the activities with the school.

**I hereby grant permission for my child to be included in evaluations and pictures connected with the school program.**

**I hereby grant permission for the Director or Acting Director to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include, but are not limited to, the following:**

- 1. Attempt to contact a parent or guardian.**
- 2. Attempt to contact the child's physician.**
- 3. Attempt to contact you through any of the persons listed on the emergency information form you completed for us.**
- 4. If we cannot contact you or your child's physician we will do any or all of the following: (a) Call another physician or paramedics; (b) Call an ambulance; (c) Have the child taken to an emergency hospital in the company of a staff member.**
- 5. Any expenses incurred under 1- 4 above, will be the responsibility of the child's family.**
- 6. The school will not be responsible for anything that may happen as a result of false information given at the time of enrollment.**

**Parent's Signature** \_\_\_\_\_

Student Name: \_\_\_\_\_

## PARENTAL AGREEMENT

(One per child)

### TUITION PAYMENT

Since Sharon Baptist Academy has an obligation to employees, students are considered enrolled for the entire school year and owe for the entire year. For parents opting to pay monthly, tuition is calculated based on the requirements of the entire year: thus no reductions can be made for vacations, holidays, or prolonged absences. Tuition is due monthly on the first of each month. All accounts must be paid in full before report cards or transcripts can be issued. I realize that all fees are non-refundable and non-transferable.

Initial \_\_\_\_\_

### DISCIPLINE

I understand that sending my children to Sharon Baptist Academy is a privilege and not a right. The goal of Sharon Baptist Academy is not reform, but providing a quality and Christian learning environment.

I also understand that discipline is necessary for the welfare and potential of every student. I give permission for my child's teacher and or other agent of the school to make and enforce classroom regulations and school policies in a manner consistent with Christian principles of discipline: including exhortation, correction, rebuke, and suspension without refund.

Initial \_\_\_\_\_

### ACTIVITIES AND TRANSPORTATION

I hereby grant permission for my child to use all of the play equipment and participate in all the activities with the school. My child may also be included in evaluations and pictures connected with the school program.

I hereby grant permission for Sharon Baptist Academy to transport my child, by bus or van, for off-campus events.

Initial \_\_\_\_\_

### SCHOOL PROPERTY

I understand Sharon Baptist Church is private property and all items used should be given due respect. The school has a right to open and inspect any items on campus. Also, acts of vandalism may be billed to the parent of the child responsible.

Initial \_\_\_\_\_

### WITHDRAWAL NOTICE

I agree that should I choose to withdraw my child, whether before the school year or during the year, I will make an appointment with a school official and sign the formal withdrawal form.

Initial \_\_\_\_\_

Student Name: \_\_\_\_\_

**Liability**

I further agree to hold the school and its agents harmless for any liability to my child or any guardian or parent thereof because of any claims on behalf of my child against the school or any agent thereof because of any injury or alleged injury to my child. Should legal action any reason be taken against Sharon Baptist Academy or any employee or agent thereof on my child's behalf and the school or its agent not be found at fault, I agree to pay any attorney fees, court fees, damages, or other costs that Sharon Baptist Academy or its agent should incur to defend itself against such action.

This Parental Agreement Statement will be in effect for as long as my children listed or others to be enrolled attend Sharon Baptist Academy.

I understand that should my marital status change, it is my responsibility to have a corrected agreement signed, updated, and delivered to Sharon Baptist Academy.

I realize that Sharon Baptist Academy is a ministry of the church and an extension of me, the parent, and I pledge my prayerful support to the school faculty and administration. I will make every effort to work with the school to ensure the best possible learning experience for my child.

I have read and do understand the above information and request that my child be accepted to attend Sharon Baptist Academy.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent or guardian (Mother)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent or guardian (Father)

## **2011-2012 Point Schedule for Sharon Baptist Academy**

Each family will be required to earn 9 points for the upcoming school year. You will be awarded one point for every fundraiser in the 2011-12 school year that you sell the minimum required. You can earn 5 points just by selling the fundraisers and participation in the Auction. If you don't reach your 9 points by April there will be a \$50.00 fee per point not earned up to \$400.

**ALL OF THESE MUST BE SCHEDULED IN ADVANCE WITH THE SCHOOL** so that we will not have an overflow of help. Your points may not be issued unless you are scheduled. Points will be assigned by task not time served. You may have friend or family work for you and designate the points to you, also.

### ***FUNDRAISERS:***

**MINIMUM SOLD ON EACH FUNDRAISER – 1 POINT EACH**

**Fall Fundraiser – Usually cookie dough – sell the required amount – 1 point**

**World's Finest Chocolate – sell the required amount- 1 point**

**Top 3 sellers for each fundraiser will receive 1 point**

**Chairperson to work with Fundraising Chairman per fundraiser (confirm order received, distribute order, distribute gifts) 1 point**

**Any extra fundraisers that may be added throughout the year will be extra points.**

**AUCTION** - set up (day or night before auction), Sell required dinner tickets – 1 point, Parent in charge of room basket – 1 point, Auction Cashier (4 needed), Live Helper (5 needed), Coffee/Tea server (2 needed), Clean up after auction and other things as needed.

### ***OTHER WAYS TO EARN POINTS:***

**First day of school – 5 people to help with supplies for about 2 hours – 1 point**

**\*Serving in the lunchroom from 12am to 3pm– 1 point**

**\*Serving as chairperson of committee – 2 points**

**\*During the summer, we will need about 10 people for 2 or 3 hours to verify the school book order. 1 point, Handbooks put together – 1point**

**\*August - Help teachers set up class rooms, collate papers etc. 2 days – 1 point per day**

**About 10 people for each day for about 3 hours.**

**\*\*Serving on a committee – 1 point**

**\*Community Coffee Labels prepared monthly – 1 point**

**CC Labels shipped by January – 1 point**

**\*La Express Receipts prepared monthly for shipment and keep record of how many receipts per child and give out toys – 1 point per month**

**\*Chairperson for La Express, Community Coffee or Box -Tops for Education – 2 points**

**\*Substitute Teacher per day – 1 point**

**Various needs that may arise throughout the year and are approved through the office will be assigned points.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## After School Care Request

I \_\_\_\_\_ will need after school  
(Parent's Name)  
care beginning August 2011, for \_\_\_\_\_.  
(Child's Name)

I understand the cost is \$148.00 a month, payable in advance on the first of each month, beginning in July and ending in April.

You must pick-up your child by 6pm in order to avoid additional costs of \$5.00 a minute.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Sharon Baptist Academy**  
9433 Section Road, Port Allen LA 70767  
225-627-4145

**REQUEST FOR TRANSFER OF STUDENT RECORDS**

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Request Date: \_\_\_\_\_

**Please send the records (including all medical and testing records) of the following students:**

Name of Student	Male/Female	Race	Date of Birth	Grade
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

\_\_\_\_\_  
Representative of Sharon Baptist Academy

\_\_\_\_\_  
Signature of Parent