

**AZALEA PARK BAPTIST SCHOOL**

"Education for Eternity"

Date: _____	Student Identification Number: _____	
	Social Security Number: _____	
Student Name: _____	DOB: _____	Gender: _____
Address: _____	Student Tel.: _____	
<b>Father/Step Father Contact Info:</b> Name: _____ Tel: _____ Email: _____ Does the student live with this parent? <b>Y N</b>		<b>Mother/ Step Mother Contact Info:</b> Name: _____ Tel: _____ Email: _____ Does the student live with this parent? <b>Y N</b>
<b>Guardian Contact Info:</b> If child does not live with both natural parents, please list the guardian information here: Name: _____ Tel: _____ Email: _____ Does the student live with this parent? <b>Y N</b>		<b>Siblings Information</b> Name (s): _____ Age: _____ _____ _____ _____
<b>Educational Information:</b>		
Previous school attended: _____		
Phone: _____ Fax: _____		
Reason for changing school: _____		
Academic Grades: _____ Above average	_____ Average	_____ Below average
Conduct: _____ Above average	_____ Average	_____ Below average
Grades: _____ Repeated	_____ Skipped	Which Grade? _____
Special Programs: _____ 504 Plan	_____ IEP	Other: _____

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**Discipline History**

*Any student with disciplinary problems not reported could lead to the invalidation of their enrollment process.*

Has the Student ever been Expelled, Suspended or received a Referral?: **Y N**

If yes Explain: \_\_\_\_\_

\*Please read our Parent-Student Handbook’s disciplinary procedures to know the steps we takes to consider expulsion. Any students with 3 referral is automatically denied reenrollment.

**Release Information**

Please list anyone that is authorized to pick up your child:

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

Tel: \_\_\_\_\_

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

Tel: \_\_\_\_\_

**Unauthorized Persons**

Is anyone not authorized to pick up your child that we should know of?

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

Tel: \_\_\_\_\_

**Photography/ Media Consent**

During some school activities students may get photograph. Pictures are used for promotions. Do you agree to have your child’s picture taking? **Y N**

**Medical Information**

Does your child have any allergies to food or medications? **Y N**

If yes, explain: \_\_\_\_\_

Please beware that students receive breakfast, lunch and snack. Please review the weekly menu to check if you should send in a replacement meal due to your child’s food allergies.

**In case of injury**

Student’s Insurance: \_\_\_\_\_

Member information: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

In case of an emergency, can we provide your child with first aid treatment?

Can we administer: Advil (or genetic) **Y N**

Tylenol (or genetic) **Y N**

**Statement of Cooperation**

Attendance is mandatory and students with 20 absences are consider for retention. Five tardies become one absence. We believe in a Christ-Centered education and expect our parent to support our rules, regulations, mission and vision.

We are also advocates of continuous education and promote that each student attends college or vocational school. If you have a high school student, they will be exposed to multiple courses and programs to prepare them for college entrance.

By signing this application; I agree to abide by the rules of Azalea Park Baptist School stated in the Parent-Student Handbook which was provided to me at the time of enrollment.

**Print Name:**

\_\_\_\_\_

**Parent Signature:**

\_\_\_\_\_

**Date**