

# First Baptist Classical Academy



## ENROLLMENT APPLICATION

Welcome to the admissions process of First Baptist Classical Academy. The applicant, parents, teachers and/or administrators should complete and return the required forms. In addition to these forms, a personal interview will be scheduled. The goal of the admissions process is to bring together a cohesive student body, which will encourage the spiritual and intellectual development of the individual student. Each applicant's academic potential, scholastic motivation, character, and extra-curricular interests will be considered.

### For Office Use Only

Date Payment Rec'd: \_\_\_\_\_

Application Fee: **\$200.00/100/50/25**

Check #: \_\_\_\_\_

Rec'd By: \_\_\_\_\_

### I. Student and Family Information

Student's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Student's Middle Name(s): \_\_\_\_\_

Gender (Check one): Male  Female  Student's Birth date (mm/dd/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_

Physical Address: \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Student's Citizenship: \_\_\_\_\_ Parents' Citizenship: \_\_\_\_\_

*Please bring proof of residency to the interview, such as a driver's license with your home address.*

\*Does the student have aboriginal ancestry (please circle one): Yes No

If yes, please specify Band name and number: \_\_\_\_\_

### Parents' Full Legal Names:

Father \_\_\_\_\_

Father's Cell #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_ Work #: \_\_\_\_\_

Mother \_\_\_\_\_

Mother's Cell #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_ Work #: \_\_\_\_\_

Submit application to [fbcc@firstbaptistkamloops.org](mailto:fbcc@firstbaptistkamloops.org) or  
Mail to: First Baptist Classical Academy, 454 Columbia, Kamloops, BC V2C 2T5

Siblings (name, age): \_\_\_\_\_  
\_\_\_\_\_

Applicant lives with (please circle):    Both Parents        Mother        Father        Guardian

Guardian's Name (if different than parents): \_\_\_\_\_

In case of emergency where parent/guardian is unavailable, whom should we contact?

Name: (other than parent) \_\_\_\_\_

Relationship \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**II. Legal Information**

Is there a Legal Custody Alert in effect with regards to the custody of the student:    YES    NO

**NOTE: Copy of an up-to-date court order must be on file with the school.**

**III. Health Information**

*This information is required only for the purposes of conducting the entrance and academic placement exam. If your student is accepted into First Baptist Classical Academy, we may require additional medical information.*

List any allergies, physical limitations, etc.: \_\_\_\_\_

Please circle whether or not your student has a Medical Alert:    YES    NO

Medical Condition: \_\_\_\_\_

**IV. Educational Information**

School Last Attended: \_\_\_\_\_

School Address: \_\_\_\_\_

School Phone: \_\_\_\_\_                      Grade Level Entering: \_\_\_\_\_

Does your child have a diagnosis of any special needs or disability:        YES        NO

Diagnosis: \_\_\_\_\_

Who diagnosed: \_\_\_\_\_

Has your child received Special Education Programming:    YES    NO

Has your child received Specialist Interventions (i.e. speech, hearing, behaviour support, etc.) YES        NO

## V. Faith Information

Does your family attend church regularly? YES NO

Which church? \_\_\_\_\_

Church Address: \_\_\_\_\_

Is this a Fellowship of Evangelical Baptist Church? YES NO

## VI. Personal Consent

### First Baptist Classical Academy Mission

As the child(ren)'s parent/guardian, I/we declare the following:

- I/we understand and agree with the purpose of First Baptist Classical Academy and indicate that I/we enroll our child(ren) because of our earnest desire that they receive a Classical and Baptistic Christ-centered education.
- I/we understand and support the school's mission statement.
- If my/our child(ren) are accepted by the school, I/we agree that they are subject to the policies of the school including the parent/student handbook, and they are also subject to the authority invested by the board in the Headmaster and classroom teacher.

If you are in agreement with the above statements, please initial here \_\_\_\_\_

### Baptist & Classical

I/we understand and are supportive that First Baptist Classical Academy teaches from a Baptistic doctrinal stance, and we also understand and are supportive of the Trivium and Classical Education.

I/we are in agreement: YES NO

### Personal Information Policy

In accordance with the Personal Information Privacy Act of 2004, First Baptist Classical Academy strives to protect the personal information that you provide us. We will collect and share selected personal information only as required to the Ministry of Education or Interior Health.

If you are in agreement with the above statement, please initial here \_\_\_\_\_

Photos/videos of students may also be used on our school website, Facebook account, and other promotional materials.

I/we are in agreement: YES NO Special Instructions? \_\_\_\_\_

I/we consent and are in agreement with the above statements as indicated, and hereby acknowledge that I/we can access the First Baptist Classical Academy Parent-Student Handbook on-line at [www.firstbaptistclassical.org](http://www.firstbaptistclassical.org), and are supportive of all the policies indicated there-in and agree to pay all fees as required.

Parent/Guardian Name (please print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name (please print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**VII. Tuition & Payment Plans**

Please note that First Baptist Classical Academy, as a ministry of First Baptist Church, strives to make education as affordable as possible. The collection of tuition fees is necessary for the operation of First Baptist Classical Academy. It is the responsibility of parents/guardians to pay the tuition fees as set by the Academy. Tuition must be paid in full unless financial assistance has been approved by the board of First Baptist Classical Academy.

The rates are as follows: *\*Please note tuition is paid over a 12 month period, July 1st to June 30th*

First Baptist Classical Academy Tuition Rate					
Number of Students	1 Student Family	2 Student Family	3 Student Family	4 Student Family	5 Student Family
Annual Tuition Rate	\$4,920.00	\$7,680.00	\$9,720.00	\$10,980.00	\$11,700.00
Monthly Tuition Rate	\$410.00/mth	\$640.00/mth	\$810.00/mth	\$915.00/mth	\$975.00/mth

*\*\*Inquire with the office about discounts available for lump sum tuition payments.*

I/we agree to pay tuition fees on time for the students listed above, which is the 1<sup>st</sup> day of the month. If circumstances arise which impact our ability to make payments in full or on time, I/we agree to meet with the Church Secretary and/or School Treasurer in order to discuss options. I/we recognize that failure to pay tuition can result in our student’s disenrollment from First Baptist Classical Academy. I/we understand that if we withdraw our student before September 1<sup>st</sup>, we still owe 50% of our annual tuition. If I/we choose to withdraw our student after September 1<sup>st</sup>, we understand that 100% of our total annual tuition is payable to the school and is non-refundable.

Parent/Guardian Name (please print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name (please print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_