

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 Rec'd: _____

Application Fee: **\$100.00/75/50/25**

Check #: _____

Rec'd By: _____

I. Student and Family Information

Student's Full Name (Last, First Middle): _____

Name Used (if different): _____

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

Physical Address: _____

Mailing Address (if different from above): _____

City _____ Province _____ Postal Code _____

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 no: _____

Parents' Full Legal Names:

Father _____

Father's Cell No.: _____ Email Address: _____

Employer: _____ Occupation: _____ Work No.: _____

Mother _____

Mother's Cell No.: _____ Email Address: _____

Employer: _____ Occupation: _____ Work No.: _____

Submit application to fbc@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 check whether or not your student has a Medical Alert: YES NO

Medical Condition: _____

IV. Educational Information

School Last Attended: _____

School Address: _____

School Phone: _____ Previous Year's Grade Level: _____

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, and are supportive of all the policies indicated there-in and agree to pay all fees as required.

Name (please print): _____

Parent/Guardian Signature: _____ Date: _____

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:

First Baptist Classical Academy Tuition Rate					
Number of Students	1 Student Family	2 Student Family	3 Student Family	4 Student Family	Five Student Family
Tuition Rate	\$390.00/mth	\$630.00/mth	\$815.00/mth	\$920.00/mth	\$1,015.00/mth

I/we agree to pay tuition fees on time for the students listed above, which is the 1st 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 in the middle of the month, we are still responsible for the full tuition of that month and that there are no refunds for tuition already paid.

Name (please print): _____

Parent/Guardian Signature: _____ Date: _____

Name (please print): _____

Parent/Guardian Signature: _____ Date: _____