

# Application for Enrollment

Student's Full Name \_\_\_\_\_ Age \_\_\_\_\_

(Last) (First) (Middle)

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Birth Date \_\_\_\_\_

Student's Full Name \_\_\_\_\_ Age \_\_\_\_\_

(Last) (First) (Middle)

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Birth Date \_\_\_\_\_

Student's Full Name \_\_\_\_\_ Age \_\_\_\_\_

(Last) (First) (Middle)

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Birth Date \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

(Street) (City) (Zip code)

School Last Attended \_\_\_\_\_ Last Grade Completed \_\_\_\_\_

School Address \_\_\_\_\_ Grade Going Into \_\_\_\_\_

Church \_\_\_\_\_ Attend Regularly: \_\_\_yes \_\_\_no

Pastor \_\_\_\_\_ Phone \_\_\_\_\_

Parents names: \_\_\_\_\_

Has student ever been expelled, dismissed, suspended, or refused admission to another school? \_\_\_\_\_

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

Has student ever had disciplinary difficulty at school? \_\_\_\_\_ If yes, detail:

\_\_\_\_\_ Does student have a juvenile or arrest record? \_\_\_\_\_ If yes, explain:

\_\_\_\_\_ Has student ever used tobacco or nonprescription drugs of any kind? If yes, explain:

Please indicate academic level of student's previous work:

Excellent \_\_\_\_\_ Good \_\_\_\_\_ Average \_\_\_\_\_ Poor \_\_\_\_\_

Has student ever failed an academic subject in school? If yes, explain: \_\_\_\_\_

How did you hear about this school? \_\_\_\_\_

Reason for selecting this school \_\_\_\_\_

\*I understand that the school program is an integral part of child training of which I am expected to support.

\*I hereby commit to assume my Scriptural responsibility for financial support of the school.

\*I understand that my child is expected to take part in school activities, including P.E. and sponsored trips away from the educational facility, and I absolve the school from liability to me or my child because of injury to my child at properly supervised school activities.

\*I agree to uphold and support the high academic standards of the school by providing a place at home for my child to study and by encouraging my child in the completion of any homework or assignments.

\*I appreciate the standards of the school and will not tolerate profanity, obscenity in work or action, dishonor to the Godhead or the Word of God, or disrespect to the staff of the school. I hereby agree to support regulations published in the school handbook in the applicant's behalf and authorize the school to employ discipline as it deems wise and expedient for the training of my child.

\*I understand that the school reserves the right, after a parental conference, to dismiss any child who fails to comply with established regulations and discipline or whose parents do not assume their responsibilities to the school.

\*I have read the school handbook and understand and agree to the terms stated on this application.

\_\_\_\_\_  
Signature of Father

\_\_\_\_\_  
Signature of Mother

\_\_\_\_\_  
Date

## Tuition Management Worksheet

Family: \_\_\_\_\_

### Standard Yearly Fees

\$400 X \_\_\_\_\_ children = \$ \_\_\_\_\_ yearly

### Tuition

First child \$2,400.00 \$2,400 yearly

Additional Children \$1,200 X \_\_\_\_\_ children = \$ \_\_\_\_\_ yearly

**(Standard Yearly Fees + Yearly Tuition) / 12 months = Monthly Payment**

\$ \_\_\_\_\_ + \$ \_\_\_\_\_ = \$ \_\_\_\_\_ / 12 = \$ \_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

**Certification of Individual Request  
For Loan of Textbooks,  
Instructional Materials and Equipment**

I hereby request that loan of textbooks, instructional materials and equipment in accordance with Pennsylvania School Code of 1949 for my child/children attending Bible Baptist Christian Academy.

Student Names: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

This form is to remain on file at the school.

**Extra – Curricular Participation Agreement**

Sports: The Staff and Administration of Bible Baptist Christian Academy count it a privilege to be able to fellowship and compete in athletics with other Christian schools. The opportunity for BBCA to participate in any athletic endeavor can be summed up with these three motives: 1) Growth in Christian character; 2) Edification of all who participate; and 3) To honor and glorify the Lord. Any activity by either team that goes contrary to these Biblical motives is not in harmony with our goals in having athletic competition. With the privilege of participation come some responsibilities. The following rules and guidelines will encourage a smooth and edifying athletic situation.

1. A cooperative and obedient attitude that results in right conduct and speech.
2. BBCA dress guidelines upheld during all practices and games.
3. Faithful attendance to practice and games when scheduled unless providentially hindered by sickness or family emergencies.

Other Activities: There are many opportunities throughout the year to take part in additional activities outside of the classroom. There are special game times, field trips, day excursions, and merit trips. It is understood that each student will have a chance to participate in these events and you give permission for your student to take part in these school sanctioned activities.

As parent or guardian I assume responsibility for my student(s) in the case of injury or accidental death and will not hold Bible Baptist Christian Academy or Bible Baptist Church liable for medical services or treatment of any injuries.

\_\_\_\_\_  
Student Signature (if 18 or over)

\_\_\_\_\_  
Date

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

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

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
Date

\_\_\_\_\_  
BBCA Administrative Signature

\_\_\_\_\_  
Date

## Medical Information/Alert Card

Student's Name \_\_\_\_\_

                                Last                                First

Date of Birth \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Does student have any medical issues we need to be aware of? \_\_\_\_\_

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

Does student have any allergies? \_\_\_\_\_

If yes, please list \_\_\_\_\_

Are student's immunizations up to date? \_\_\_\_\_

### **EMERGENCY PHONE NUMBERS**

**Name** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Name** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Name** \_\_\_\_\_ **Phone #** \_\_\_\_\_

\*I give permission to Bible Baptist Christian Academy to give the following medications to my child if necessary.

\_\_\_\_\_ Tylenol                      \_\_\_\_\_ Ibuprofen                      \_\_\_\_\_ Pepto Bismol

\_\_\_\_\_ Other (please list) \_\_\_\_\_

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

Date \_\_\_\_\_

\*\*\*Please note that any medication your child may need during the school year is to be provided by you. Please send this in with your child the first week of school.

# Bible Baptist Church

Home of Bible Baptist Christian Academy  
Matthew P. Schwender, Administrator  
David E. Lear, Principal

232 State Route 217  
Latrobe, PA 15650

Phone 724-539-8299  
Fax 724-537-3958

## Student Transfer Notification

Dear Parent,

Thank you for your interest in enrolling your child/children in Bible Baptist Christian Academy. As a ministry of Bible Baptist Church, B.B.C.A. counts it an honor to be able to offer a Bible-based education in a Christian atmosphere. Enrollment in B.B.C.A. is not a right but a privilege for those parents and students who have a sincere interest and biblical conviction about Christian education. We believe those students enrolled in B.B.C.A. deserve the very best which can be offered academically and environmentally. With this goal in mind, the administration reserves the right to contact past schools (public and private) in which all prospective transferring student(s) have been enrolled. The purpose of this contact will be twofold. First, to help our administration in the evaluation process of determining the prospective student(s) potential to adjust to our school environment. Second, to receive any financial information that may be needful for the administration to have knowledge of. Any disciplinary problems or financial problems with past schools should be brought to the administration's attention in the interview process prior to these contacts being made. Please take the time to complete the following information concerning your child/children's educational history. Please begin with the current or most recent school. Thank you.

1) School Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Principal/Teacher: \_\_\_\_\_

2) School Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Principal/Teacher: \_\_\_\_\_

3) School Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Principal/Teacher: \_\_\_\_\_

Student Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_

**Bible Baptist Church**  
**And Bible Baptist Christian Academy**  
232 State Route 217  
Latrobe, PA 15650  
724-539-8299

**Pastor's Recommendation Form**

Before any student may be considered for enrollment at B.B.C.A., parents must authorize the following information to be released by the student's pastor. All information will be held in strict confidence. **No action will be taken on any student application for enrollment until this form is completed and received by Bible Baptist Christian Academy.** Pastor, please mail this completed form directly to BBCA at the above address. Please do not return to the student.

Student's Name \_\_\_\_\_  
Address \_\_\_\_\_  
Student's Church \_\_\_\_\_  
Student's Pastor \_\_\_\_\_  
Parent's Signature \_\_\_\_\_

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**To be completed by the Pastor and mailed directly to Pastor Matthew Schwender at the address above. We will be unable to make any decision on this student's enrollment until this form is received. Thank You.**

1. How long have you been this student's Pastor? \_\_\_\_\_
2. Do you know if this student has received the Lord Jesus Christ as his/her Savior? \_\_\_\_\_ If so when? \_\_\_\_\_
3. Does this student currently attend at least two services a week at your church, such as Sunday Morning, Sunday Evening, or the midweek service? \_\_\_\_\_
4. Are there any outstanding characteristics about this student or family you feel are important for B.B.C.A. to know as it considers this student for enrollment? \_\_\_\_\_  
If so, please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Pastor's Signature \_\_\_\_\_ Date Completed \_\_\_\_\_  
Church Name \_\_\_\_\_ Address \_\_\_\_\_  
Phone \_\_\_\_\_

# Financial Assistance Program Application

Types of assistance available:

Grants – gifts through Bible Baptist Church that go toward tuition (i.e. PACE Program)

Scholarships – gifts through individuals that go toward tuition

Work Study – Internship work at the church that earns an hourly wage that goes directly to tuition

Family Information:

Billing information (person responsible for paying tuition, fees, etc.):

Name	
Address	
Phone	
Email	

Household Information (List everyone that lives in the house):

Name	Age	Relationship to responsible party

Student Information (All school aged children):

Student	Current School	Coming to BBCA?	Reason

Would all students 12 years and older be willing to participate in the work study program? \_\_\_\_\_

If no, please explain:



Financial Information:  
Monthly Income

Wages	
Self-employment income	
Social security	
Unemployment benefits	
Child support	
Worker's compensation	
Housing subsidy	
Other	
Total Income	

Monthly Expenses

Rent/Mortgage	
Utilities	
Vehicle expenses	
Food	
Clothing	
Other (explain):	
Other (explain):	
Total Expenses	

1. The student's records in the Academy will be used to help determine initial and recurring eligibility.
2. Applicant agrees to notify BBCA of any change in income while receiving assistance.
3. All applicants will be given careful consideration, however, because funds are very limited, acceptance will be determined by need and availability of funds.
4. All information given on this application is provided voluntarily by the applicant and will be held in strictest confidentiality at Bible Baptist Church.
5. Members of Bible Baptist Church must be faithful, tithing members to be eligible for grant (funds given directly from BBC towards tuition) assistance.
6. If you fully understand and agree with the application, please sign below.
7. Approved applicants will receive a new Financial Management Worksheet from the school.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Pastor Matthew P. Schwender

\_\_\_\_\_  
Date