

GLEN IRIS BAPTIST SCHOOL

Registration Application

Grade _____

_____ Check for Bus Service

_____ Check for Before/After-School Care

Child's Name _____ Sex _____
FIRST MIDDLE LAST

Address _____ City _____ Zip _____

Home Phone _____ Date of Birth _____ Age _____

Place of Birth _____ Social Security Number _____

Church Membership _____ Pastor _____

Rank of this child in family (1=firstborn) Circle: 1 2 3 4 5 6 Number of Sisters _____ Brothers _____

Grades attended at Glen Iris Baptist School: (Circle) K4, K5, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11,

Please list all schools the applicant has attended (include home-schooling):

Name of School	Address (Street, City, State, Zip)	Grades
_____	_____	_____
_____	_____	_____
_____	_____	_____

Grades Have Been: Above Average Average Below Average

Has applicant repeated a grade? _____ If so, what grade? _____

Has applicant been suspended or expelled from previous school? _____

If yes, for what reason? _____

Reason for leaving last school attended: _____

Medical Information:

Has applicant received all immunizations? _____ Does applicant wear glasses? _____

Has applicant had any type of psychiatric, psychological, or educational testing other than standard school achievement testing? _____

If so, please explain: _____

Has applicant ever been enrolled in a learning disability class? _____ If yes, what grades: _____

Has applicant been tested for ADD, ADHD, Dyslexia, etc., or been prescribed medication for such diagnoses? _____

If yes, please explain: _____

Is applicant currently taking any long-term prescription medication(s)? _____ If yes, what? _____

Does your child have any allergies? _____ If so, has he/she ever experienced anaphylaxis? _____

Are there any special medical or physical information or instructions that the school should be aware of? Please explain:

Father _____

Mother _____

Home Phone _____

Home Phone _____

Cell Phone _____

Cell Phone _____

Work Phone _____

Work Phone _____

Email address _____

Email address _____

Employer _____

Employer _____

Does applicant currently live with both natural parents? _____

If no, please explain the current situation: _____

Person to notify in case of an emergency (other than parent)

Name _____ Relationship to applicant _____

Address _____ Phone _____

Child's Physician:

Name _____ Phone _____

Address _____

State in detail why you wish your child to attend Glen Iris Baptist School:

Statement of Acknowledgement

It is understood that this application is subject to acceptance by the School Board of Glen Iris Baptist School. By registering, it is my intention to have my child complete the school year. It is my understanding that registration, book charges, and fees are non-refundable and non-transferable. I agree to pay all collection costs, including necessary legal fees, involved in collecting delinquent accounts. I absolve the school from liability to me or to my child because of injury to my child at school or during any school-sponsored activity. I authorize Glen Iris Baptist School to seek the services of a licensed, practicing physician should an emergency arise and a parent/guardian cannot be reached. I hereby release Glen Iris Baptist Church/School from any liability, which might result from such emergency treatment. I agree to encourage my child in learning all phases of the curriculum. I acknowledge that I have received a copy of the *Parental Agreement Form*, that I understand its content, and that I agree to follow the guidelines contained therein.

To the best of my knowledge, all statements are accurate and complete.

Signature of Parent or Guardian _____ Date _____

Signature of Parent or Guardian _____ Date _____