



# 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) \*required

Name of School

Email Address

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 Had 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 prescribed with medication for such diagnosis? \_\_\_\_\_

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

Is Applicant currently taking any long-term prescription medication? \_\_\_\_\_ If yes, what? \_\_\_\_\_

Does your child have any allergies? \_\_\_\_\_ If so, have they 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 situation as it currently exists \_\_\_\_\_

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:*

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### **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 \_\_\_\_\_