

Applicant Information:

Student's Full Name: _____ Home Phone: _____
Application for Grade: _____ DOB _____ Age _____
Race _____ Sex _____ SS# _____

Student lives with: (Please Circle)

Both Parents _____ Father _____ Mother _____
Guardian or Other: (Explain) _____

Current School: _____ Grade: _____ Dates Attended: _____
School Address: _____ School Phone: _____

Family Information:

Father/Guardian: _____
Home Address: _____
City, State, Zip: _____
Home Phone: _____ Pager: _____
Cellular Phone: _____
Email: _____
Occupation: _____ Title: _____
Employer: _____
Employer's Address: _____

Work Phone: _____
Stepmother's Name: _____

Mother/Guardian: _____
Home Address: _____
City, State, Zip: _____
Home Phone: _____ Pager: _____
Cellular Phone: _____
Email: _____
Occupation: _____ Title: _____
Employer: _____
Employer's Address: _____

Work Phone: _____
Stepfather's Name: _____

Instructions for Mail: School correspondence will be mailed to the applicant's home address. Please indicate if there is an additional or alternative address to which school correspondence should be mailed:

Name: _____
Address: _____

Siblings: Please list siblings, grade level and respective school siblings attend.

Emergency Evacuation: In case of an emergency, the staff of Roseland Park Baptist Church Academy have permission to transport my child to the designated evacuation areas as stated in the Parent Handbook. Parent's Signature: _____

Parental Permissions

Photos

I, the undersigned, hereby give Roseland Park Baptist Church Academy permission to use photographs of my child, or other family members, in the items checked below:

School Newsletters would be sent home with others		Yearbooks		Web site		
Newspaper Releases could be placed on newspaper web page		School Displays		School Promos		School promos could be displayed at other businesses

We waive all rights to preview these photos and will not expect or request any sort of financial remuneration.

Parent's Signature: _____

Personal Data Release

I, the undersigned, hereby give Roseland Park Baptist Church Academy permission to release my child's name, phone number, and mailing address for the purpose of birthday parties and other special invitations.

Parent's Signature: _____

Emergency Release for Medications

I, the undersigned, hereby give Roseland Park Baptist Church Academy permission to administer Tylenol to my child under the following conditions:

- ***My child's fever is over 100 degrees F
- ***I cannot be contacted by phone
- ***I cannot have my child picked up from school within 30 minutes
- ***I give oral permission over the phone

My child takes: (Circle One) LIQUID CHEWABLE ADULT TABLETS

Dosage normally given to your child: _____

It is the parents' responsibility to notify the school if the dosage changes.

Parent's Signature: _____

I, the undersigned, hereby give Roseland Park Baptist Church Academy permission to administer Benadryl to my child under the following conditions:

- *** He is having an obvious allergic reaction
- ***I give my permission over the phone

My child takes: (Circle One) LIQUID ADULT TABLETS

Dosage normally given to your child: _____

It is the parents' responsibility to notify the school if the dosage changes.

Parent's Signature: _____

Educational Information:

Has the applicant ever been evaluated for any of the following? Circle all that apply.

ADD ADHD LEARNING DISABILITY SPEECH/LANG.

If you circled any of the items above, please explain and attach all relevant documentation.

	YES	NO
Has the applicant ever been suspended, expelled or refused admittance to any school?		
Has the applicant ever been placed on probation or in a special program at any school?		
Has the applicant received special recognition for academic or athletic achievements?		
Does the applicant suffer from any medical conditions or chronic illnesses?		
Does the applicant have: DIABETES ASTHMA EPILEPSY		
Does the applicant have any condition which may require frequent restroom visits?		
Is the applicant allergic to insect bites, bee stings, or ant bites?		
Does the applicant suffer from any other known allergies?		
Has the applicant been diagnosed with any hearing impairment?		
Does the applicant have any visual impairment, wear glasses, or contacts?		
Will your child be taking daily medication throughout the year?		

If so, please list here: _____

****Oral medications must have a prescription label to be given at school****

If there are any "YES" answers to the questions above, please explain in detail:

Church Family Attends: _____ Denomination: _____

Family pattern of attendance: REGULAR IRREGULAR RARELY NEVER

Name of pastor: _____ Church Phone #: _____

Organization the applicant enjoys: _____

Doctor's Name: _____ Phone: _____

In the event that my child becomes ill or injured in such a way that requires immediate medical attention, I, the undersigned, hereby give Roseland Park Baptist Church Academy my permission to have my child transported by ambulance to the nearest emergency medical facility to receive emergency medical treatment. I understand that all fees incurred with such transportation and treatment will be my responsibility. Parent's Signature: _____