



# Application for Admission



## Student Information

Student's Name \_\_\_\_\_  
Last First Middle

Student's Address \_\_\_\_\_  
Street City/State/ZIP

Home Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_ ☐ Male ☐ Female Grade \_\_\_\_\_

Transportation District: \_\_\_\_\_

## Family Information

Father's Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Father's Address \_\_\_\_\_  
Street City/State/ZIP

Cell Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_ Email Address \_\_\_\_\_

Mother's Name \_\_\_\_\_ Employer \_\_\_\_\_

Mother's Address \_\_\_\_\_  
Street City/State/ZIP

Cell Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_ Email Address \_\_\_\_\_

Marital Status: ☐ Married ☐ Remarried ☐ Widowed ☐ Divorced ☐ Separated ☐ Never Married

## Religious Information

Church Currently Attending \_\_\_\_\_ Lead Pastor's Name \_\_\_\_\_

Church Phone \_\_\_\_\_

Are you a member? ☐ Yes ☐ No Do you regularly attend this church? ☐ Yes ☐ No

## Medical Information & History

Student's Primary Care Physician \_\_\_\_\_ Physician Phone \_\_\_\_\_

Physician's Address \_\_\_\_\_ Date of Last Tetanus Shot \_\_\_\_\_

\_\_\_\_\_ allergies \_\_\_\_\_

\_\_\_\_\_ medications being taken \_\_\_\_\_

\_\_\_\_\_ surgeries \_\_\_\_\_

\_\_\_\_\_ chronic diseases \_\_\_\_\_

Health Insurer \_\_\_\_\_ Student ID/Policy Number \_\_\_\_\_

### **Emergency Contact Information**

Please list the names and phone numbers of emergency contacts IN THE ORDER WHICH THEY SHOULD BE CALLED in the event of an emergency. In the case of an emergency, we will start at the top of the list and call down the list until we reach someone.

Name of Contact

Relation to Student

Phone Number(s)

	parent	
	parent	

### **Emergency Medical Authorization and Release**

The above-named student is my child or I am the legal guardian.

- ✚ I agree to indemnify and hold harmless BCA, its employees, agents, or representatives for and against any liability arising out of or related to the administering of medications to my child.
- ✚ I understand that in the event my child becomes ill or sustains an injury that needs immediate care, 911 will be called and my child will be transported to the nearest hospital for care, and I authorize BCA to obtain emergency medical treatment for my child.
- ✚ I am responsible for all expenses associated with covering my child's medical needs, accidents, or emergencies while attending BCA and BCA activities.
- ✚ I authorize BCA to administer first aid or CPR as deemed necessary. If the illness or injury is of a less serious nature, BCA personnel will evaluate, treat if necessary, and notify me, the parent/guradian.
- ✚ I agree to notify Baldwinsville Christian Academy in writing when any of the above information changes during the school year.

**I/We, being the parent(s) or legal guardian(s) of the above-named minor, do hereby appoint COACHES, STAFF OR ADMINISTRATION OF BALDWINSVILLE CHRISTIAN ACADEMY, BALDWINSVILLE, NY 315-638-1069 to act in my/our behalf in authorizing emergency medical, dental, surgical care and/or hospitalization during the period of my/our absence during the current school year, September 1 – June 30.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Media Release** - I understand that BCA may photograph, interview or video tape my child(ren) and/or display my child(ren)'s work and that these items may be used for public viewing (ie: school website, yearbooks, local newspapers etc.) I understand that no student's full name will be placed on BCA's website with his/her photograph. I agree to my child's participation without financial remuneration, and I understand this releases any photographer/interviewer from any future claims or liability arising from the use of such photographs used for public viewing.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Educational Information**

Name/Address of Last School Attended \_\_\_\_\_

Year(s) attended \_\_\_\_\_

Was applicant ever suspended, dropped or expelled from any school? ☐ Yes (give details) ☐ No \_\_\_\_\_

Does the student have a recognized learning disability? ☐ Yes (give details) ☐ No \_\_\_\_\_

List any other schools you have attended (include address & fax number) \_\_\_\_\_

Homeschoolers: Please list what materials/curricula were used last year \_\_\_\_\_

**Personal/Medical Information**

A medical record must be in our files before any student can be considered for admission. In addition to the information below, please provide a record of immunizations from a certified physician.

Does the applicant have any physical limitations that may require some adjustment to a normal student activity schedule (including PE)?

☐ Yes (please describe) \_\_\_\_\_

Is the applicant taking any prescribed medications on a regular basis? ☐ Yes ☐ No (If yes, give medication name, dosage and reason for the medication) \_\_\_\_\_

Has/does the applicant ever used tobacco, alcoholic beverages, marijuana, narcotics or other dangerous drugs? ☐ Yes ☐ No

Is the applicant under the supervision of a parole officer or under the custody of a juvenile or other court, or has he/she ever been?

☐ Yes ☐ No

Has the applicant ever had a police record? ☐ Yes (give details) ☐ No \_\_\_\_\_

Has the applicant been hospitalized in the past year? ☐ Yes (give details) ☐ No \_\_\_\_\_

Has the applicant ever been treated for any nervous, mental or emotional disorder by a recognized professional counselor or physician?

☐ Yes (give details) ☐ No \_\_\_\_\_

### Mission Statement

As a ministry of Faith Baptist Church, the mission of Baldwinsville Christian Academy is to assist families in their God-given role to educate their children. We will accomplish this through the following means:

- Academic excellence based on the supremacy of God's word
- Discipline based on the Word of God to change the heart of a child, not just behavior
- Environment which inspires students and faculty to glorify God in their daily lives
- Faculty that fear God and are qualified to teach and administrate

### AUTHORIZATION

I hereby authorize Baldwinsville Christian Academy to investigate my child for consideration of enrollment and declare that all information provided in this application is true to the best of my knowledge. I understand that any statement that is found to be false or any intentional misrepresentation on my part will be immediate grounds for expulsion of my child. I also understand that attendance at Baldwinsville Christian Academy is a privilege and not a right and that this privilege may be forfeited by any student who does not conform to the standards and regulations of the Academy. I further understand that the Academy may request the withdrawal of any student at any time who, in the opinion of the Academy, is a hindrance to the culture and learning environment of the school, regardless of whether or not he/she conforms to the specific rules and regulations of the Academy.

I understand that by enrolling my child(ren) in Baldwinsville Christian Academy, they will be receiving Christ-centered academic training, and I understand that my child(ren) will be educated in a manner that is consistent with the beliefs and philosophy of Faith Baptist Church of Baldwinsville.

As a parent or legal guardian of the above applicant, I agree to cooperate with the Academy in the enforcement of the rules and regulations as delineated in the Student Handbook, including suspensions as the Academy believes necessary.

I understand that personal conduct of all students must conform to the standards of the school. As a family, we are committed to following the Matthew 18 principle of reconciliation; that if concerns or disagreements arise over issues or incidents related to the welfare of our children, we would go to the individual involved and seek a mutually satisfactory remedy in the bonds of Christian love. If disagreements exist, I will have an opportunity to discuss such matters with the faculty, administration, and the school board.

Enrollment, and therefore the parent's financial obligation, is contracted for the full school year. I understand that the operating expenses of a school like Baldwinsville Christian Academy are fixed, and a loss is realized if any vacancy occurs during the school year. In support of the Academy's obligation to its staff, I agree to keep my son/daughter enrolled for the school year, if at all possible. I understand the tuition will be pro-rated in the event my child is withdrawn from the school year for any reason. **I also understand that registration fees and other fees will not be refunded or pro-rated should I withdraw my child from the school.**

I will maintain other conditions of enrollment relating to expenses, specific fees, late fees, due dates, attendance at school functions and parental involvement in general with school faculty and administration.

I understand that my cooperation is expected as I am able in practical help, faith-prayer, regular tuition payments, and special gifts (for capital expenses) and through school-sponsored events. I understand that Baldwinsville Christian Academy does not charge tuition that covers all expenses incurred in properly educating my/our child(ren), making fundraising and parental service necessary. **I agree to provide parental service to the school as stated in the Student Handbook.**

I understand that parental support is an essential part of the educational process. If, in the sole discretion of the administration, a parent has failed to support the Administrator or ministry staff or the standards articulated in the ministry's Statement of Faith or Student Handbook, the administration reserves the right to deny the student continued enrollment in the school.

I understand that all students attending Baldwinsville Christian Academy must have on record with the school office either a current immunization record or an exemption statement according to New York State code before entering school. Incoming students must have a completed Health Assessment Report on file in the school office by the first day of school. This form may be obtained from your family doctor or the school office.

I understand that initial enrollment and continued enrollment is subject to the governing authorities of Baldwinsville Christian Academy, who reserve the right to reject any student.

I also understand that all new applicants are admitted on probation for 90 days, during which time any monies received by the Academy on behalf of the applicant, including the registration and any tuition monies paid are considered non-refundable. I also authorize Baldwinsville Christian Academy to gather data from any and all schools which the applicant has previously attended, together with other records and references that it believes to be necessary for the processing of this application.

## Student Code of Conduct

*The following is a copy of the student code of conduct that each student is given at the beginning of the school year.*

As a student at Baldwinsville Christian Academy, I understand that my behavior has an impact on others around me, including both staff and students. I also understand that my behavior is a reflection of what is going on in my heart. With that in mind, I agree to the following set of expectations, and I will, to the best of my ability, follow them:

1. I will treat my fellow students and my teachers the way that I want to be treated.
2. I will use my words to build up others around me, and not tear them down.
3. I will dress according to the principles and standards laid out in the student handbook.
4. I will fulfill the academic obligations that I have for each class, including completing all homework assignments, handing in reports and projects on time, and studying for all quizzes and tests.
5. I understand that all work is to be the result of my own work and that all forms of cheating and plagiarism will result in a zero on the assignment as well as disciplinary action.
6. I will treat each classroom as a place to learn and grow, both academically and spiritually, and will refrain from behavior which distracts others from learning and growing.
7. I will be kind and courteous at all times and use proper manners toward students and adults.
8. I will not participate in any discussions that Jesus Christ could not be a part of if He were here physically.
9. I will refrain from any form of physical contact (hugging, kissing, hand holding, etc.) with the opposite sex.
10. I will not be involved in any form of sexual conduct. Any form of sexual conduct, at school or away from school, is grounds for dismissal from BCA
11. I will not use alcohol or abuse drugs. Any use of alcohol or abuse of drugs is grounds for dismissal.

I agree to these principles and understand that the school teachers will hold me accountable to do these things. I also understand that this code of conduct applies at all school functions, not just during school.

I have read and will follow the **Student Code of Conduct**

Student Signature (grades 9-12) \_\_\_\_\_

Date \_\_\_\_\_

As a parent/guardian seeking to enroll my child(ren) in Baldwinsville Christian Academy, I hereby certify that I have read this form and the Student Handbook, and that I will accept the conditions and requirements stated in these documents and all other policies and procedures of Baldwinsville Christian Academy, including payment of all fees and charges according to the published schedule and requirements of the school.

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

Date \_\_\_\_\_

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

Date \_\_\_\_\_