WELCOME TO

Touching lives today for Eternity . . .

APPLICATION PACKET

Then you will understand what is right, just, and fair,
. . . for wisdom will enter your heart, and
knowledge will fill you with joy.
Proverbs 2:9-10 NLV

1600 Boca Chica Blvd. Brownsville, TX 78520 www.fbscrusaders.net Phone: (956) 542-4854 FAX: (956) 542-6188

Welcome to the First Baptist School Family

Thank you for your interest in First Baptist School. We know that you have many choices in education; therefore, we are delighted that you are entrusting us with this opportunity. Please know that we do not take this privilege lightly. Rest assured that our dedicated staff and faculty will do their utmost to ensure the success of your student. Your participation is welcomed and appreciated. Please read through this packet carefully and completely. Complete information will greatly enhance our ability to be effective. As we trust in the Lord, we are looking forward to serving you and your family.

Serving Him,
Terry A. Roberts
Superintendent

Admissions Checklist:

- ✓ Completed application form
- ✓ Up-to-date immunization record (see physical form for more info)
- ✓ Birth Certificate
- ✓ Social Security Card
- ✓ Report Cards (previous 2 years)
- ✓ Standardized Test Scores (Iowa or Standford)
- ✓ Pastor Recommendation Letter **(Secondary students only, 6th-12th)**
- ✓ Current Teacher/Administrator Reference Letter **(Secondary students only, 6th-12th)**

Once all of the documents and application are complete and submitted to the school office, have been returned, an appointment will be given for the child to be tested. Our office will be calling the parents to schedule an interview with the school principal when the test results are ready. Both parents, as well as the student need to attend the interview with the school principal. FBS looks at a variety of factors when determining acceptance to our school. These factors include: personal motivation, past scholastic performance, and test results. Following the interview, the family will be notified of the acceptance decision. The family will then have two weeks to respond to the decision and complete the enrollment procedures.

Please contact the school office with any questions.

FIRST BAPTIST SCHOOL RESERVES THE RIGHT TO REQUEST THE WITHDRAWAL OF ANY STUDENT WHO DOES NOT MEET ACADEMIC REQUIREMENTS OR FAILS TO CONFORM TO ITS RULES AND POLICIES.

First Baptist School is fully accredited by the Association of Christian Schools International (ACSI) and Southern Association of Colleges and Schools (SACS) and does not discriminate on the basis of race, national or ethnic origin, gender, age or disability in its admissions policies or access to its educational, and extracurricular programs and activities.

First Baptist School is committed to glorifying God by providing a biblically-based education so that students are transformed and equipped to meet the challenges of post-secondary education and career advancement, while serving and impacting the world for the Kingdom of Christ

ENROLLMENT APPLICATION

2019-2020

Date of Application: _____
Student is applying for: _____ Grade
Fall / Spring School Year: 20__ - 20__

STUDENT'S FULL LEGAL NAME: _____ ____ Male ____ Female
Last First Middle

Home/Mailing address: _____
Street/PO Box City State Zip

Date of Birth: _____/_____/_____ SS or ID number: _____

Phone Number: (_____)_____ Citizenship: ___ U.S ___ Mexico Other _____

Ethnicity: _____

1. Parent/Guardian

Name: _____
Last First

Address _____
Street

_____
City State Zip

Home Phone No. (____)_____

Cell Phone No. (____)_____

E-mail: _____

Employer: _____
Occupation: _____
Work Phone: _____

Relationship to Student:
☐ Father ☐ Mother
☐ Stepfather ☐ Stepmother ☐ Grandmother
☐ Grandfather ☐ Aunt ☐ Uncle
☐ Brother ☐ Sister

2. Parent/Guardian

Name: _____
Last First

Address _____
Street

_____
City State Zip

Home Phone No. (____)_____

Cell Phone No. (____)_____

E-mail: _____

Employer: _____
Occupation: _____
Work Phone: _____

Relationship to Student:
☐ Father ☐ Mother
☐ Stepfather ☐ Stepmother ☐ Grandmother
☐ Grandfather ☐ Aunt ☐ Uncle
☐ Brother ☐ Sister

Will the student attend Extended School Care? ___Yes ___No

____ Before School (7:30 - 8:00 am) ____ After School (3:45 – 5:15 pm)
*All students arriving before 8:00am and/or remaining after 4:00pm are required to be in Extended Care

Please choose a tuition payment plan:
____ Annual Payment ($120 discount for families who pay tuition and fees by July 31, 2019)
____ 10month payment plan (August thru May) (First payment is due on August 1, 2019)

All Book Fee payments are due by July 1, 2019

Referred by: _____

For Official Use Only Family ID# _____
Application Fee _____ Check #_____ Testing Required: Yes___ No___ Testing Fee: _____ Check #_____
Interview Date: _____ Accepted: Yes___ No___ Registration Fee:_____ Check #_____

SIBLINGS:

_____

Name Grade School

_____

Name Grade School

Church of Regular Attendance: _____

SCHOOL HISTORY:

Present School _____Principal _____ Phone (____)_____

Address _____

Street City State Zip

Former School/Daycare _____Grades Attended _____ Phone (____)_____

Address _____

Street City State Zip

Applicant is changing schools: ☐ Voluntarily ☐ Involuntarily

If Involuntarily, please explain:

_____

_____

ACADEMIC HISTORY:

Has the applicant ever skipped or repeated a grade? ☐Yes ☐ No
If Yes please explain:

_____

_____

Has the applicant ever consulted with a professional for testing or guidance? ☐ Yes ☐No
If yes, please specify
☐ Speech/Language Development ☐ ADD/ADHD ☐Counseling
☐ Learning Difference ☐ Other, please specify_____

If you have checked any of the boxes above attach a complete explanation along with copies of all medical test reports.

I certify that the information given on this application is factual and true. I understand that falsifying information contained in this application may be cause for immediate dismissal.

Father's signature _____ Date _____

Mother's signature _____ Date _____

Legal Guardian's Signature _____ Date _____

STUDENT INFORMATION AND EMERGENCY MEDICAL FORM

Student's Name _____ Date of Birth _____Grade _____

In the event that I/we cannot be reached to make arrangements for emergency medical attention, the administration/faculty of First Baptist School should contact the persons listed below who have authorization to secure medical attention for my child. In the unlikely event that these persons are unavailable, I/we authorize the school personnel to contact the licensed physician listed below for medical advice and, if necessary, to transport my child to the physician's office or whatever medical treatment facility s/he recommends. In the event the physician is unavailable or unwilling to give direction to the school personnel, they also have my/our authorization to use their professional discretion to secure the best available medical attention for my child.

First Baptist School DOES NOT ASSUME any responsibility in case of accident or injury. I do hereby agree to indemnify and hold harmless the school and any school or hospital representative from any claim by any person on account of such care and treatment of this student. If between this date and the beginning of school any illness or injury should occur that might limit this student's participation in any activities, or if there is a change in status during the school year, I agree to notify the school authorities.

At least one emergency contact, in addition to the parents, is required for each student.

NAME	RELATIONSHIP	HOME PHONE	WORK PHONE	CELL
	FATHER			
	MOTHER			

MEDICAL

Physician's name: _____ Phone: (____)_____

Address_____
City Zip Code

Other preferred medical treatment facility or contact:_____ Phone (___)_____

Address_____
City Zip Code

MAJOR MEDICAL INSURANCE INFORMATION

Company: _____ Policy Holder: _____

Policy #_____ Group #_____ Phone _(____)_____

ALLERGIES? ☐ Yes ☐ No Type of Allergy (Drug, Food, Insect):_____

Allergy medication used to control allergy: _____

Special Alerts or Emergency Treatments: _____

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OTHER INFORMATION

Does your child wear: ☐ Glasses ☐ Contact Lenses ☐ Hearing Aids

As Custodial Parent/Legal Guardian I authorize administration to administer: (check the boxes to authorize administration)

☐ Tylenol (Acetaminophen) ☐ Throat Lozenge ☐ Antacid Tablet

PICK-UP INFORMATION

The following may take student from school:

NAME	RELATIONSHIP	PARENT INITIALS

To the best of my knowledge, the information provided above and on the previous pages is true and accurate.

Father's signature _____ Date _____

Mother's signature _____ Date _____

Legal Guardian's Signature _____ Date _____

CONTRACTUAL AGREEMENTS *SCHOOL YEAR 20__- 20___*

STUDENT'S NAME: _____GRADE: _____

FINANCIAL AGREEMENT

I understand that…

- Payments are to be made on a 10-month (Aug. – May) plan, unless annual or semi-annual payment arrangements are made. Payments are due on the 1st of each month and are considered delinquent after the 10th. Fees are due by July 1 and considered late on the 10th.
  At that time, a 10% late fee will be added to the balance of my account.
- If my first payment is not made by August 10th, my child's name may be replaced by someone on the waiting list.
- First Baptist School does not issue refunds on registration fees or on the initial June and August payment.
- If my account is delinquent and prior arrangements have not been made with the administration, my child will not be allowed to participate in any extra-curricular activities until tuition is paid and may be subject to removal from the school.
- REPORT CARDS will not be issued until all accounts are paid in full.

PARTICIPATION AGREEMENT

- My child has permission to participate in all school activities, including bus trips, sports activities, and school-sponsored trips away from the school premises. I also grant permission to FBS and its staff to photograph, videotape, or audiotape me, my child/ ward and to copyright, use and/or publish the photographs/videotapes and audiotapes in any school publication and public relations related material.
- We agree to attend the parent meetings during the school year, as well as Open House or Parent Conferences.

STATEMENT OF COOPERATION

- I agree that if my child is enrolled at First Baptist School, I will do my utmost to cooperate with and support the school in its methods and principles of education. I have read the Parent-Student Handbook and agree to support the policies therein.

SIGNATURES: BOTH PARENTS MUST SIGN

FATHER: _____ *DATE:* _____

MOTHER: _____ *DATE:* _____

LEGAL GUARDIAN/S: _____ *DATE:* _____

Federal Programs Qualification Form 2019-2020

The Brownsville Independent School District Federal Programs welcomes the opportunity to assist and support First Baptist School with additional reading and math labs.

In order to determine whether or not your student is eligible, please complete the following survey.

Find your family size and look at the annual gross income level beside it on the chart printed below.

HOUSEHOLD SIZE	***ANNUAL INCOME***
1	***22,459***
2	***30,451***
3	***38,443***
4	***46,435***
5	***54,427***
6	***62,419***
7	***70,411***
8	***78,403***

Is your family income less than the amount on the chart? _____yes _____no

Please provide the following information:

Name of Children: _____

Address: _____

Public School your child is zoned for with BISD: _____

Grade Levels of your children: _____

This form must be included with <u>all</u> Enrollment Applications

First Baptist School
Physical Examination Form

School Year _____

Grade: _____

Both sides of this form must be completed, and turned in to the school office before your student is allowed to participate in any athletic activity, including P.E.

Student's Name _____ Gender _____ Age _____ Date of Birth _____
Height _____ Weight _____ Pulse _____ Blood Pressure _____
Vision: R – 20/ ___ L – 20/ ___ Corrected: yes no Pupils: Equal _____ Unequal _____

Medical	Normal	Abnormal Findings	Initials
Appearance			
Eyes/ears/nose/throat			
Lymph nodes			
Heart – auscultation of the heart in the supine position			
- auscultation of the heart in the standing position			
- pulses (all extremities)			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			

Musculoskeletal	Normal	Abnormal Findings	Initials
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand			
Hip/thigh			
Knee			
Leg/ankle			
foot			

Station-based examination only

Medical History Questionnaire - to be completed by the physician

1.	Is the patient under a doctor's care for a specific medical condition?	**Yes**	**No**
2.	Has the patient been hospitalized overnight in the past year?	**Yes**	**No**
3.	Has the patient had surgery in the past year?	**Yes**	**No**
4.	Is the patient currently taking any prescription or over-the-counter medications?	**Yes**	**No**
5.	Has the patient ever experienced any complications during or after exercise?	**Yes**	**No**
6.	Does the patient cough, wheeze, or have trouble breathing during exercise?	**Yes**	**No**
7.	Does the patient have asthma? **Yes** **No** Does the patient use an inhaler?	**Yes**	**No**
8.	Has the patient ever been treated for high blood pressure or high cholesterol?	**Yes**	**No**
9.	Does the patient have a heart murmur?	**Yes**	**No**
10.	Has a doctor ever denied or restricted participation in sports due to heart or other problem?	**Yes**	**No**
11.	Has the patient had a severe viral infection (e.g.; myocarditis or mononucleosis) within the last year?	**Yes**	**No**
12.	Has the patient ever had a head injury or concussion?	**Yes**	**No**
13.	Has the patient ever been knocked out, become unconscious, or lost their memory?	**Yes**	**No**
14.	Has the patient ever had a seizure?	**Yes**	**No**
15.	Is the patient missing any organs?	**Yes**	**No**
16.	Does the patient use any special protective or corrective equipment or devices (e.g.; knee brace, oral retainer, foot orthotics, neck support)	**Yes**	**No**
17.	Has the patient ever experienced a ligament sprain, muscle strain or swelling in the joints due to injury?	**Yes**	**No**
18.	Has the patient every broken or fractured a bone or dislocated any joints?	**Yes**	**No**
19.	Has the patient had any other problems with pain or swelling in muscles, tendons, bones or joints?	**Yes**	**No**

Please provide explanations to "yes" responses:

HEARING @ 25 dB Date:___Screener Name:_____Signature:_____
(Pure-Tone audiometric Sweep-Check Screen)

HZ	1000	2000	4000
Right	____	____	____
Left	____	____	____

Pass _____ Fail _____

Vision and Hearing: REQUIRED of ALL incoming 1st, 3rd, 5th and 7th grade students AND ALL NEW STUDENTS

VISION Date:_____Screener Name: _____Signature:_____
Right 20/_____ Left 20/_____ Pass _____ Fail _____

SPINAL **Date:____Screener Name:_____Signature:_____**

L	R	
__	__	High Shoulder
__	__	Shoulder blade stands out more than the other
__	__	Obvious curve of the spine in area rib cage
__	__	Rib hump
__	__	Obvious curve of spine in lower back
__	__	Hip higher than the other side

Other (including round back): _____
Diagnosis: _____
Recommendation:
__ No Treatment
__ Treatment: ___ Observation ____ Brace ____ Surgery
___ Other (describe): _____
___ Referral (describe): _____
Activity Limitation (if any): _____
Additional Comments: _____
Return Appointment and Date, if any: _____

REQUIRED ONLY of ALL incoming 6th – 9th grade students.

Acanthosis Nigricans **Date:____Screener Name:_____Signature:_____**
AN Marker present (from palpation of Neck)? ___ Yes ___ No
If Yes, please record child's:
DOB:_____ Sex: _____ (M/F) Ethnicity: _____
Height (inches): _____ Weight (lbs): _____ BMI: _____
Blood Pressure (two, 3-5 minutes rest between): _____ _____
___Normal (below 90th %) _____Pre-hypertension (90-95th %) _____Hypertension (95th % or more)

REQUIRED of ALL incoming 1st, 3rd, 5th and 7th grade students AND ALL NEW STUDENTS

Chickenpox (Varicella) Date:_____Name:_____Signature:_____
This is to verify that the above student had the varicella (chickenpox) illness on or about the following date (_____) and does not need the vaccine.

0 +---69

Statement of Clearance

I have examined this student and completed the questionnaire with the patient or legal guardian and have considered their responses in my statement of clearance for participation in physical activities.
I, hereby, certify that this student is:
_____ cleared for all physical activities

_____ cleared, after completing evaluation/rehabilitation for _____

_____ not cleared for _____ Reason: _____
(State specific activity/activities)

This form must be **completed and signed** by a Physician, a licensed Physician Assistant or a Nurse Practitioner. Examination forms signed by any other health care practitioner, including chiropractors, will not be accepted.

Examiner's name _____ Phone Number _____
Address _____
Street City State Zip
Signature _____ Date of Examination _____

PASTOR'S RECOMMENDATION

Date: _____

TO BE COMPLETED BY PARENT/GUARDIAN BEFORE GIVING TO YOUR PASTOR

Parent/Guardian Name(s)_____

Address: _____
Street City State ZIP

Grade Level(s) applying for: ☐ Elementary School ☐ Middle School ☐ High School

Name(s) of student(s) applying for admission:

1. _____ 3. _____

2. _____ 4. _____

TO BE COMPLETED BY THE PASTOR

The above family is applying for admission to the First Baptist School. Please answer the following questions and mail the completed form to First Baptist School. Thank you.

Does your church support the philosophy statement on the reverse of this form? ☐ Yes ☐ No

Is this family a member of your church? ☐ Yes ☐ No

Does this family attend worship services at your church regularly? ☐ Yes ☐ No

Are there any other matters that you feel would be helpful for us to know regarding this family? _____

_____

Pastor Name: _____ E-mail: _____

Name of Church: _____

_____
Address City State ZIP

Telephone: ___(_____)_____ Fax: ___(_____)_____

_____
Signature

FBS does not discriminate on the basis of race, color, national or ethnic origin in its admissions policies or access to its educational and extra-curricular programs and activities.

PLEASE MAIL THIS RECOMMENDATION TO THE ADDRESS GIVEN BELOW,
OR RETURN TO THE APPLICANT IN A SEALED ENVELOPE WHICH YOU HAVE SIGNED OVER THE SEAL.

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FIRST BAPTIST SCHOOL

STATEMENT OF FAITH

We believe and unqualifiedly affirm:

*The inspiration of the Bible, equally in all parts and without error in its origin;

*The one God, eternally existent Father, Son and Holy Spirit, who created man by a direct immediate act;

*The pre-existence, incarnation, virgin birth, sinless life, miracles, substitutionary death, bodily resurrection, ascension to Heaven, and the second coming of the Lord Jesus Christ;

*The fall of man, the need of regeneration by the operation of the Holy Spirit on the basis of grace alone, and the resurrection of all to life or damnation;

*The spiritual relationship of all believers in the Lord Jesus Christ, living a life of righteous works, separated from the world, witnessing of His saving grace through the ministry of the Holy Spirit.

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STUDENT REFERENCE FORM

APPLICANT'S NAME_____

The above applicant desires to be a student at First Baptist School and wishes to use your name as a reference. FBS accepts students who have a commitment to Christian excellence and who will support the principles and policies of FBS. This referral will be kept strictly confidential. We appreciate your time in providing us with your honest appraisal of this applicant.

How long have you known the applicant? ___(yrs.)

What has been your relationship to the applicant?
❑ **teacher** ❑ Administrator

What, in your estimation, are the applicant's strengths? _____
_____

In what areas might the applicant need to experience growth? _____
_____

IF THERE IS ADDITIONAL INFORMATION ABOUT THIS APPLICANT THAT YOU FEEL WE SHOULD KNOW PLEASE INDICATE ON THE BACK OF THIS FORM.

On the following scale, with 1 being the weakest and 5 being the strongest, please share your personal appraisal of the applicant.

A. Spirituality	1 2 3 4 5 don't know
B. Intellect	1 2 3 4 5 don't know
C. Judgment	1 2 3 4 5 don't know
D. Attitude	1 2 3 4 5 don't know
E. Relationship to church	1 2 3 4 5 don't know
F. Lifestyle	1 2 3 4 5 don't know
G. Personal discipline	1 2 3 4 5 don't know

❑ I recommend this applicant without reservation.

❑ I recommend this applicant with reservation.

❑ I do not recommend this applicant under the present circumstances.

❑ I do not recommend this applicant under any circumstances.

Your name_____ Position: _____
Address: _____ Phone: _____
City State ZIP

May we contact you by phone concerning this applicant? ❑ Yes ❑ No

PLEASE MAIL THIS RECOMMENDATION TO THE ADDRESS GIVEN BELOW,
OR RETURN TO THE APPLICANT IN A SEALED ENVELOPE WHICH YOU HAVE SIGNED OVER THE SEAL.

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