



**Harvest Baptist School**  
3460 Kellogg Creek Rd  
Acworth, GA 30102  
(p)770-974-9091 (f)770-974-9453  
(w)www.HarvestBaptistSchool.org

**2010-2011 APPLICATION FOR ADMISSION**  
**HARVEST BAPTIST SCHOOL**

*(An educational ministry of Harvest Baptist Church)*

Application Date: \_\_\_\_\_ Applying for: 2010-2011 School Year

**STUDENT INFORMATION:** (Office: Student ID # \_\_\_\_\_ Family ID # \_\_\_\_\_)

Student Name \_\_\_\_\_  
(Last) (First) (Middle) (Goes By)  
Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Ph # \_\_\_\_\_

Parent Email Address: \_\_\_\_\_ (secondary) \_\_\_\_\_

Sex \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age (as of date above) \_\_\_\_\_ County of Residence \_\_\_\_\_

Last grade completed \_\_\_\_ Grade entering \_\_\_\_  
Child No. \_\_\_\_ in family of \_\_\_\_ enrolled in HBS (The oldest is #1) Ex: Child no. 1 in family of 4 students enrolled

**FAMILY INFORMATION:**

Father's name \_\_\_\_\_  
Occupation/Profession \_\_\_\_\_  
Company \_\_\_\_\_ Business Phone \_\_\_\_\_  
Cell \_\_\_\_\_

Mother's name \_\_\_\_\_  
Occupation/Profession \_\_\_\_\_  
Company \_\_\_\_\_ Business Phone \_\_\_\_\_  
Cell \_\_\_\_\_

Guardian's name \_\_\_\_\_  
Occupation/Profession \_\_\_\_\_  
(if applicable)  
Guardian's relationship to student \_\_\_\_\_  
Business Phone \_\_\_\_\_

Parents' marital status: Single Married Separated Divorced Widowed  
Student lives with: Both Parents Father Mother Guardian

***In case of emergency call: (Other than home or work #'s already listed above)***

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_

List the names of other school age children in the family who are **NOT** applying for enrollment this year:

Name \_\_\_\_\_ Age \_\_\_\_\_

Grade \_\_\_\_\_

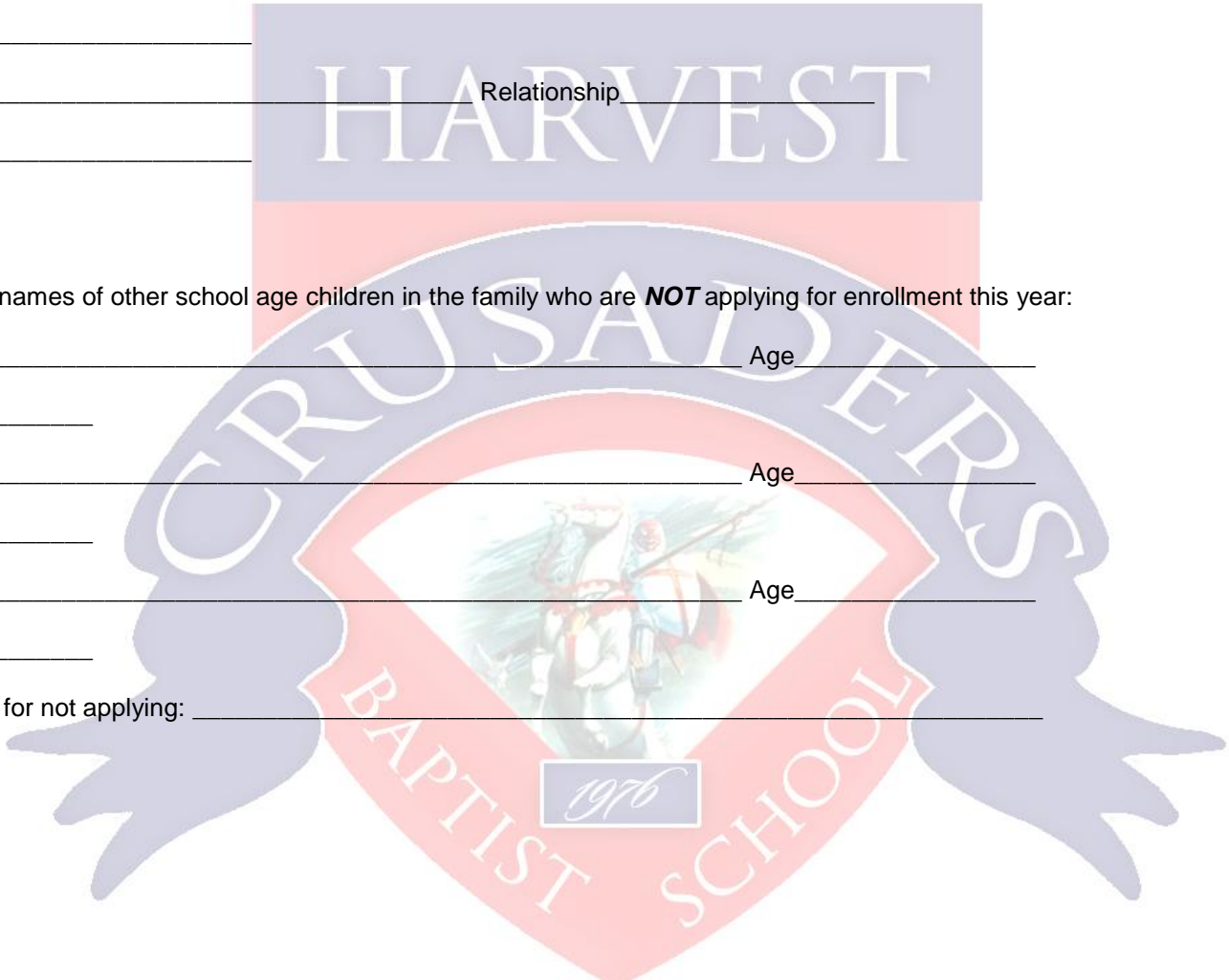
Name \_\_\_\_\_ Age \_\_\_\_\_

Grade \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Grade \_\_\_\_\_

Reason for not applying: \_\_\_\_\_



**If you cannot pick up your child, who else is authorized to do so:**

1) \_\_\_\_\_ relationship \_\_\_\_\_

2) \_\_\_\_\_ relationship \_\_\_\_\_

**RELIGIOUS INFORMATION:**

Father/Guardian: Church attending \_\_\_\_\_  
Member? Yes \_\_\_ No \_\_\_

Address \_\_\_\_\_

Pastor \_\_\_\_\_ Phone \_\_\_\_\_

Mother/Guardian: Church attending \_\_\_\_\_  
Member? Yes \_\_\_ No \_\_\_

Address \_\_\_\_\_

Pastor \_\_\_\_\_ Phone \_\_\_\_\_

Father/Guardian - Accepted Christ as personal Savior? Yes \_\_\_ No \_\_\_ Attend church wkly? Yes \_\_\_ No \_\_\_

Mother/Guardian - Accepted Christ as personal Savior? Yes \_\_\_ No \_\_\_ Attend church wkly? Yes \_\_\_ No \_\_\_

Student - Accepted Christ as personal Savior? Yes \_\_\_ No \_\_\_ Attend church wkly? Yes \_\_\_ No \_\_\_

**MEDICAL INFORMATION:**

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Hospital Preference \_\_\_\_\_

Insurance \_\_\_\_\_  
Policy # \_\_\_\_\_

Any medical problems?  
\_\_\_\_\_

Allergies? \_\_\_\_\_

I agree that Harvest Baptist School may authorize the physician of their choice to provide emergency care in the event that neither I nor the family physician can be contacted immediately.

\_\_\_\_\_

\_\_\_\_\_  
(Signature of Parent) (Date)

Harvest Baptist School agrees to provide transportation to an appropriate medical resource in the event of emergency. In an emergency situation, other children in the facility will be supervised by a responsible adult. Harvest Baptist School will not administer any drug or any medication without specific instructions from the physician or the child's parent, guardian, or full-time custodian. Provisions will be made for adequate and appropriate rest and outside play.

**SCHOLASTIC INFORMATION: (Please attach a copy of your child's most recent report card )**

Yes\_\_\_ No\_\_\_ Has the student ever been expelled, dismissed, suspended, or refused admission to another school?

Explain (if yes) \_\_\_\_\_  
\_\_\_\_\_

Yes\_\_\_ No\_\_\_ Has the student ever been disciplined beyond ordinary classroom procedures?

Explain (if yes) \_\_\_\_\_  
\_\_\_\_\_

Yes\_\_\_ No\_\_\_ Has the student ever been in trouble with the law, arrested, etc?

Explain (if yes) \_\_\_\_\_  
\_\_\_\_\_

Yes\_\_\_ No\_\_\_ Has the student ever used tobacco or drugs of any kind?

Explain (if yes) \_\_\_\_\_  
\_\_\_\_\_

Yes\_\_\_ No\_\_\_ Has the student ever failed a grade (elem.) or subject (HS) in school?

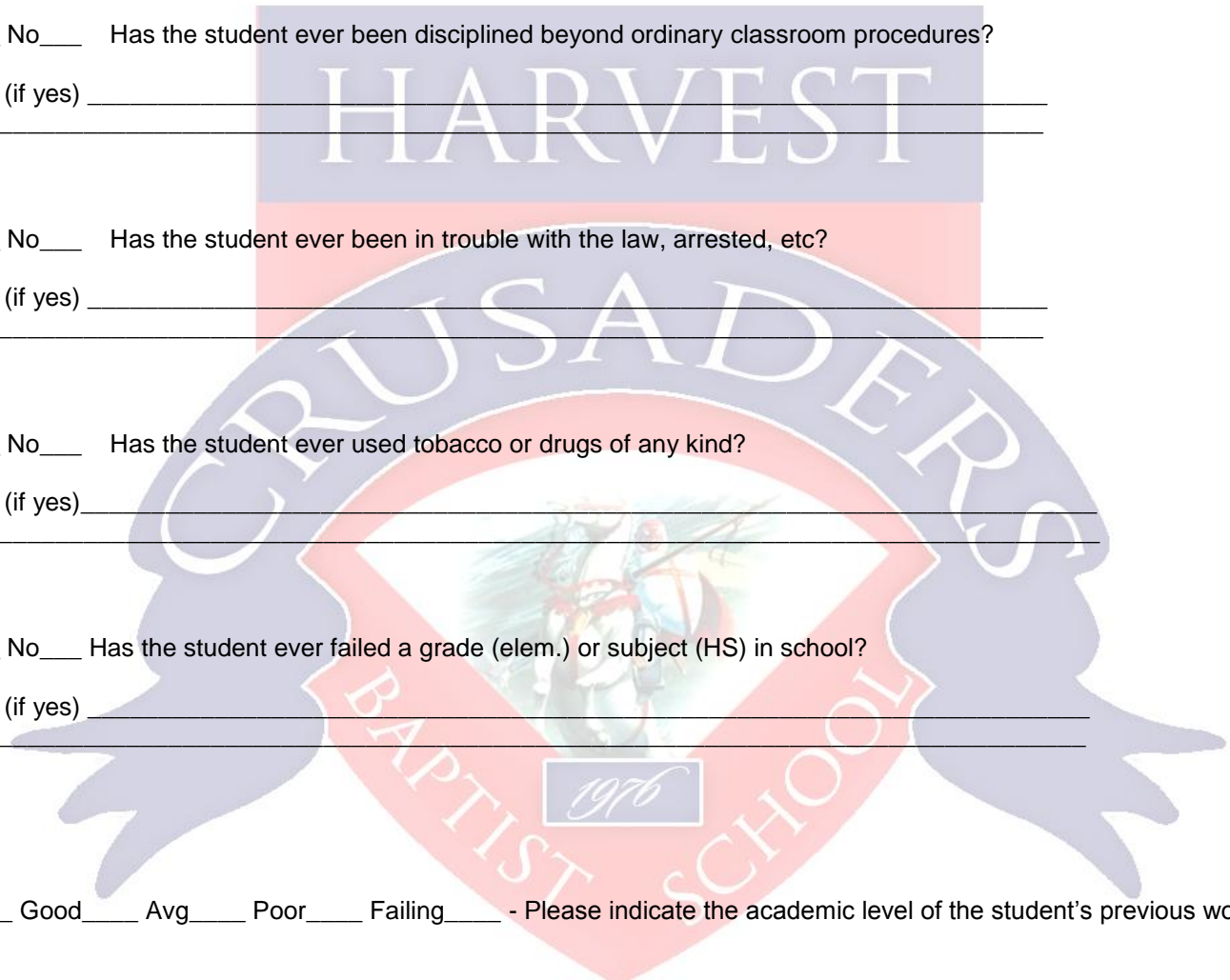
Explain (if yes) \_\_\_\_\_  
\_\_\_\_\_

Exc\_\_\_ Good\_\_\_ Avg\_\_\_ Poor\_\_\_ Failing\_\_\_ - Please indicate the academic level of the student's previous work.

Exc\_\_\_ Good\_\_\_ Avg\_\_\_ Poor\_\_\_ - The student's attitude toward school.

Learning disabilities or handicaps?

\_\_\_\_\_



**GENERAL INFORMATION:**

Last school attended (if applicable):

Address \_\_\_\_\_

Phone \_\_\_\_\_

Please explain any unusual factors in the student's life that could affect academics or behavior.

\_\_\_\_\_

Please explain why you wish to enroll your child in a Christian school.

\_\_\_\_\_

Yes\_\_\_ No\_\_\_ - Has the student applied to or attended HBS previously? If yes, grades attended:

\_\_\_\_\_

By what method of advertising did you first hear about HBS?

\_\_\_\_\_

Yes\_\_\_ No\_\_\_ - Were you referred to HBS by another HBS family? If so, by whom?

\_\_\_\_\_

Please explain why you decided to select HBS.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Kindergarten only:** Please explain any information concerning your child which might help the teacher help him/her adjust to a relatively new experience in a group setting (such as play, eating, and sleeping habits, special fears, likes and dislikes).

\_\_\_\_\_

\_\_\_\_\_

**FINANCIAL INFORMATION:**

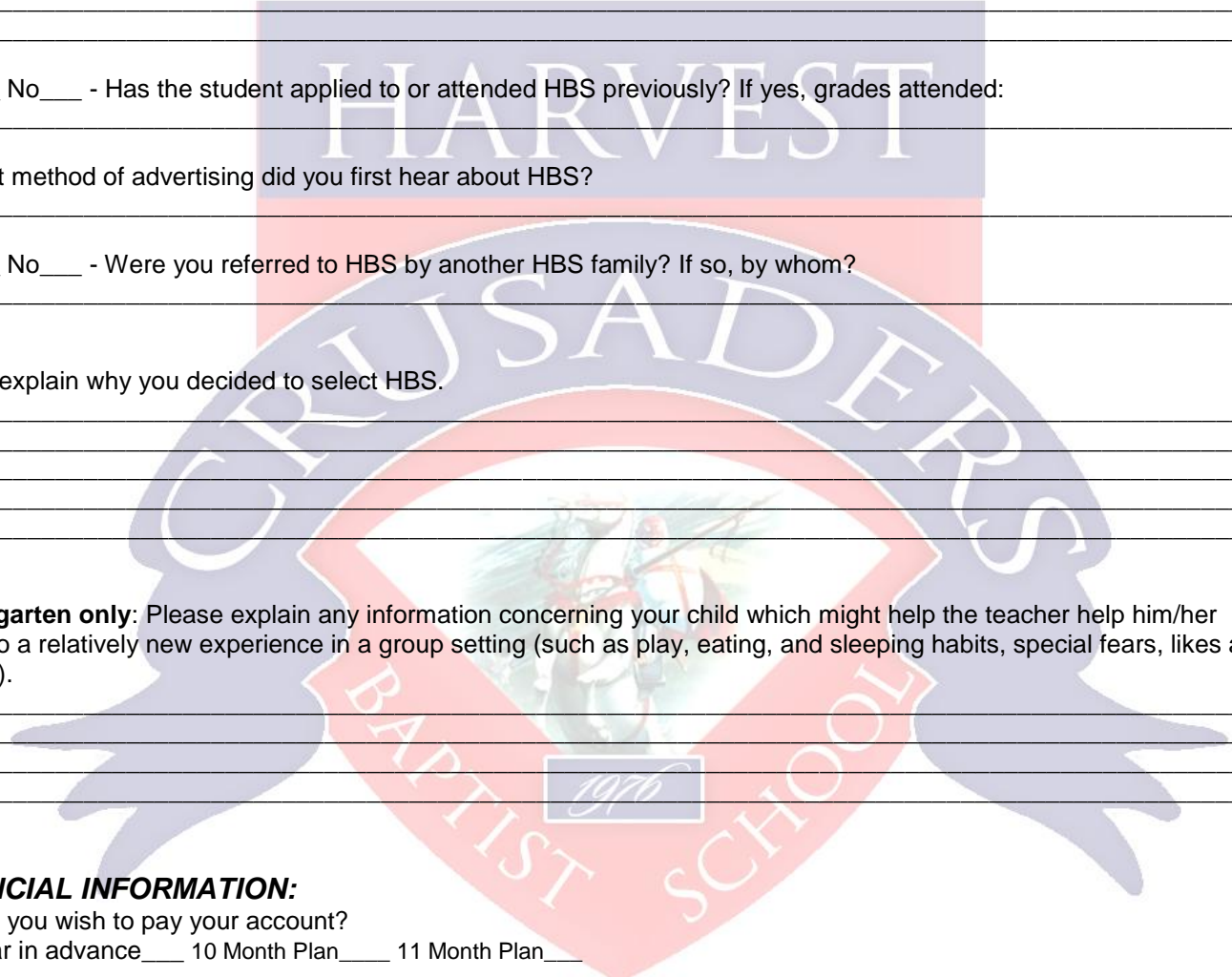
How do you wish to pay your account?

Full year in advance\_\_\_ 10 Month Plan\_\_\_ 11 Month Plan\_\_\_

Will you need to use the After School Care program? Yes\_\_\_ No\_\_\_

*(An ASC Permission Form must be completed for each student at time of enrollment. This will provide important emergency information if ASC is needed in the event of an emergency)*

Do you have any outstanding accounts currently owed to other schools? Yes\_\_\_ No\_\_\_



## **STATEMENT OF COOPERATION**

We who are accepting the challenge to train up our children in the way that they should go will gladly carry out this training in the home and will support the efforts of the school to complement that purpose. We give our permission for our children to participate fully in all school activities, including sports and field trips away from school grounds, and absolve the school and its delegates from the liability in the event of any injury to our child at school or during any school activity. We agree to pay our tuition and other fees on a timely basis, and we understand that failure to keep accounts current may cause the removal of my child from the school.

We have provided information in this application that is accurate, complete and true to the best of our knowledge. We fully realize that applications for enrollment are accepted on a merit basis and that attendance at this school is a privilege, not a right. Harvest Baptist School has the option to deny the application of any child who, in the opinion of the administration, is being raised in a fashion antithetical to the position of the school. We understand that the school may remove the child should behavior or attitude become disruptive to the overall program established by Harvest Baptist School. We sincerely give our pledge to all items as stated above, and affix our signatures as witness to that fact.

\_\_\_\_\_  
Father

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother

\_\_\_\_\_  
Date

\_\_\_\_\_  
SSN (for accounting purposes only)

\_\_\_\_\_  
SSN (for accounting purposes only)

