



2020-2021 FBA Registration Form

www.fbacovington.com

Kindergarten \$375	First – Fifth Grades \$485	Middle School 6 th /7 th grades \$525 (class subject to make based on enrollment)

*Please mark class for which your child is registering

Child's Full Name _____ Name child uses _____

Birthdate ___/___/___ Male _____ Female _____ Grade entering _____

Home address _____ City _____

Zip _____

Parent email _____ Home

Phone _____

Mother's Name _____ Place of Employment _____

Work Phone _____ Cell _____

Father's Name _____ Place of Employment _____

Work Phone _____ Cell _____


Please check ___ Yes or ___ No for permission to include address/phone on class list

Please check ___ Yes or ___ No for permission to use photos of child for use in ads/social media

Child T-shirt size: Youth XS Youth S Youth M Youth L Youth XL Adult S Adult M

The following person(s) have my permission to pick up my child from preschool or in the event of an emergency and the parent/guardian cannot be reached. A picture I.D. will be required.

Name	Phone/Cell	Relation to child
_____	_____	_____
_____	_____	_____
_____	_____	_____

Custodial Parent(s) ___ Both ___ Father ___ Mother 

When custody of child is in question, FBA must act in accordance with rulings of court. All legal documentation **must** be on file in school office.

Does your family have a home church? ___ If so, name of church

Pastor's Name _____ How active is your family?

Current school or last attended school:

School Name _____ Phone

Address _____ City _____
Zip _____

Teacher's Name _____ Last completed grade _____

What are your child's academic interests, abilities, and strengths?

Has your child ever been referred for testing at school or placed in a special program?
___ Yes ___ No

Has your child received any special assistance or tutoring? ___ Yes ___ No

Has the student ever repeated a grade? ___ Yes ___ No

Medical Information:

Pediatrician _____ Phone

Known Allergies:

Is your child taking any medication on a regular basis? ____ If yes, please note here

Does your child have any health concerns we should be aware of?

Nondiscriminatory Admissions Policy:

Since God’s love extends equally to all people, First Baptist Academy welcomes and accepts any qualified student of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities, generally accorded or made available to students at the school. It does not discriminate based on race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarships and loan programs, and other school-administered programs.

Enrollment:

Families often move in and out of the community during the school year. Since there could be an opening at any time, applications are accepted even when classes are full. Application does not ensure enrollment. Admissions department evaluates each applicant and the decisions are based on the ability of First Baptist Academy to meet the needs of the child.

First Baptist Academy is not equipped, nor teachers specially trained, to facilitate children with learning disabilities or with ADD/ADHD. If students are accepted into First Baptist Academy, it is up to the parent(s) to provide extra services other than what classroom teachers would do in the confine of the classroom.

TO MAKE THIS APPLICATION COMPLETE, PLEASE INCLUDE THE FOLLOWING:

- Copy of student’s most recent achievement test scores;
- Report card with most recent grades from current school;
- Copy of student’s birth certificate, up-to-date immunization records, and Eye/Ear/Dental form;
- Registration will be billed through your FACTS management account (for current families) and due 30 days from invoice. *New families must pay with cash or check at time of registration.*

I hereby give permission for the staff of First Baptist Academy and/or any necessary medical personnel to meet the needs of my child in the event of an emergency.

Parent Signature _____ **Date** ___/___/___

Please direct any questions to Julie Harpe or Patty Cates in the FBA office (770)784-7570.

I understand that it is the policy of FBA to give no refunds or transfer registration fees.

Parent Signature _____ **Date** ___/___/___

Please attach birth certificate, current immunization (GA form 3231) and registration fee to complete your child's registration (registration fees listed on reverse side).

Note upcoming fees and payments:

August -1st month tuition and FACTS service fee

September-2nd tuition and school fee (a one-time fee for the year)

STATEMENT OF FAITH

This is a statement of the primary doctrines First Baptist Academy embraces and teaches. If it is the statement of your basic Christian conviction also, please indicate this by your signature. If at any point you disagree or have questions, please state your view or questions on the back of this application.

We the members of First Baptist Church in Covington, Georgia believe in the one true and living God, creator of all things, almighty, and sovereign in the universe.

We believe that He is a three person God: Father, Son, and Holy Spirit.

We believe that He has revealed Himself generally through His Creation and Moral law and specifically through His own voice, the incarnation of His son, and His written word, the Bible.

We believe that the Bible is the inspired, inherent, infallible word of God.

We believe that God created all things good, but that mankind freely sinned against God and in that sin has fallen from God's perfection.

We believe that sinful man stands opposed to God and in that sin faces the eternal just wrath of the Almighty God.

We believe that God is a gracious God and has extended His grace to sinful man through His Son Jesus Christ.

We believe that Christ the Son was made man and lived on earth.

We believe that Jesus Christ lived without sin in perfect adherence to the will of the Father.

We believe that Jesus was betrayed and was crucified on a Roman cross.

We believe that in this crucifixion Christ the Son took on the full weight of the Father's wrath against the sinfulness of man and became an atoning sacrifice for all who believe in Him.

We believe that Christ died and was buried, but after three days he was raised from the dead to live and to reign over heaven and earth.

We believe that after His resurrection He met with His disciples, commissioned His Church, and ascended into heaven, from where He reigns, and is building His Kingdom.

We believe that this Church is the presence of the Kingdom of Christ on Earth.

We believe that Christ's gift of grace and forgiveness of sin is available to all who believe in Him as Savior and Lord, and who demonstrate that belief by living faithfully to Him.

We believe that this offer of grace is exclusive only to those who confess and believe the Lordship and saving work of Jesus. Therefore, we believe in the Great Commission and that we are charged by Christ to make disciples. We believe that followers of Christ are called to join together in localized bodies or local churches that are called to live out the life of a disciple.

We believe in Baptism by immersion in water as a proclamation of faith and an experience of Grace.

We believe in the observation of the Lord 's Supper as a proclamation of Christ 's work and Kingdom until He returns.

We believe that Christ will return to establish fully His authority over all things.

We believe that Christ will judge all of humanity and condemn all evil, and that He will call those who have believed in Him to life in His everlasting Kingdom.

Parent/Guardian Signature _____

First Baptist Academy

1139 Usher Street

Covington, GA 30014

(770)784-7570

To Applicant:

Please print the authorization below and deliver this form to your guidance counselor or principal:

Authorization of Release of Educational Records

Student's Name _____ Grade _____

In accordance with federal regulations regarding the privacy rights of parents and students under the Family Educational and Privacy Act of 1974, the undersigned hereby consent to the release to the First Baptist Academy of all educational records about the above named individual who is applying to the FBA, including evaluations and such other information as may be requested.

Date _____ Parent Signature _____

Authorization of Release of Permanent Records

To Principal or Guidance Counselor:

The student named above has made application for admission to the First Baptist Academy. We would appreciate you promptly sending the following:

- A transcript of the students record to date, including grades for courses in progress.
- A copy of the students complete test profile.
- Attendance records
- Section 504 Plan, Individual Ed Plan, and any/all Special Ed Records
- Disciplinary records.
- Immunizations (GA form 3231), Birth Certificate, Eye, Ear & Dental Certificate (3300)

Please mail to:

First Baptist Academy, Admissions
1139 Usher Street
Covington, GA 30014