

Brooklane Baptist Academy Enrollment Application

Date _____ Grade Applying For _____ School Year _____

Has student ever attended Brooklane Baptist Academy? _____ If so, when? _____

Student's Name _____
(Last) (First) (Middle)

Student's Social Security No. _____

Address _____
(Street) (City) (Zip)

Date of Birth _____ / _____ / _____ Age _____ Sex _____ Race _____

Last School Attended _____

School Address _____

Has child ever been expelled from any school? _____ Suspended? _____

Father's Name _____ Home # _____ Cell _____

Place of Employment _____ Work Hours _____ Work# _____

Mother's Name _____ Home # _____ Cell _____

Place of Employment _____ Work Hours _____ Work# _____

Email Address _____

Names and ages of brother(s) and/or sisters(s) _____

If parents are separated, with whom does child reside? _____

Do you attend church regularly? _____ Name of Church _____

What serious illness, if any, has your child had? _____

Any physical defects? _____ Fears? _____

In Emergency Call: (If we cannot reach parents) **THIS MUST BE COMPLETED**

Name _____ Relation _____ (H) _____ (W) _____ (C) _____

Name _____ Relation _____ (H) _____ (W) _____ (C) _____

Name _____ Relation _____ (H) _____ (W) _____ (C) _____

Child's Physician: Name _____ Phone _____

IMMUNIZATION FORMS, SS CARD AND BIRTH CERTIFICATE MUST BE TURNED IN WITH APPLICATION

Person Responsible for Paying Bill _____

Address _____

STATEMENT OF CO-OPERATION

In making application for my child, it is my desire to have him/her complete the school year. It is my understanding that the policy for the school is to make no refunds on registration fees. I give my permission for my child to take part in all school activities. I agree to give the teacher or the principal the privilege of disciplining my child, including corporal punishment (paddling), and I consent for my child to be given Christian training based on the Word of God. I absolve the school from liability to me or my child because of any injury to my child at school or during school activities.

Parent/Guardian Signature

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RECORDS TRANSFER REQUEST

Former School Name _____

Address _____

City _____ State _____ Zip Code _____

You are hereby authorized to release the academic and health records of:

Student Name _____

Date of Birth _____ Age _____

Grade _____ Year of Attendance _____

To: BROOKLANE BAPTIST ACADEMY
160 BROOKLANE DRIVE
HUEYTOWN, AL 35023

CHURCH SCHOOL ENROLLMENT FORM

I. TO BE COMPLETED BY PARENT OR GUARDIAN

School Year _____ Public School District _____

Student's Name _____ Home # _____

Home Address _____

Date of Birth _____ Grade _____

Parent/Guardian _____ Phone _____

Church School Of Enrollment Address _____ Brooklane Baptist Academy School Phone 497-0967

_____ 160 Brooklane Drive

_____ Hueytown, AL 35023

_____ Date

_____ Signature of Parent/Guardian

II. TO BE COMPLETED BY CHURCH SCHOOL ADMINISTRATOR

Church School Of Enrollment Address _____ Brooklane Baptist Academy School Phone 497-0967

_____ 160 Brooklane Drive

_____ Hueytown, AL 35023

Date of Student Enrollment _____ for _____ school year

_____ Date

_____ Signature of Church School Administrator

III. CONSENT FOR NOTIFICATION OF STUDENT WITHDRAWAL

I hereby give prior consent to the Administrator of Brooklane Baptist Academy (Church School) to notify the public school superintendent should the student listed below cease attendance at said School.

_____ Student's Name _____ Public School District _____

_____ Date _____ Signature of Parent or Guardian _____

PARENTAL PLEDGE

We, the undersigned parents, do hereby wholeheartedly pledge our support to the Brooklane Baptist Academy in all its policies and especially to those listed below.

We have read entirely the Student Handbook and discussed it with our child. We will support the school in its regulations as listed in the Student Handbook giving special attention to the campus dress code and standard of conduct.

We understand that in case it ever becomes necessary for the school to dismiss a student it will be treated as a withdrawal of the child by his parents. Nothing will be recorded on the child's permanent record except that he has been withdrawn. Any overpayment on the school account will be repaid. Registration fees cannot be refunded.

We understand that report cards will be withheld if the child's account in more than 30 days delinquent and that permanent records will not be released to any person or school until the child's account is paid in full.

We understand that because of inflation a raise in tuition may become necessary. If such a need arises, we will receive at least a two-month notice before it goes into effect.

We understand that there will be Bible reading and prayer in each class everyday. Bible subjects will be taught as part of the regular curriculum. Chapel will be held each week with inspirational speakers.

We are aware that Parent-Teacher fellowship meetings will be held periodically during the school year. For the benefit of our child, we will make every effort to attend.

We hereby invest authority in the school to discipline our child, which may include corporal punishment (paddling) or after school detention.

We understand that from time to time field trips or outings will be taken by each class in the school. We absolve the school from any liability to us or our child at school, during school activities and on all field trips.

We agree that if Brooklane Baptist Academy incurs any court costs due to a lawsuit involving our child, we will pay those court costs for the Academy.

Father's Signature

Date

Mother's Signature

Date