



**First Baptist Academy  
Classical Christian School  
505 Rollingbrook Dr.  
Baytown, Texas 77521  
(281) 420-2740  
[www.fbabaytown.org](http://www.fbabaytown.org)**

## **NEW STUDENT**

Welcome to First Baptist Academy of Baytown. We are grateful for your interest. FBA is committed to helping each student maximize his or her God-given academic potential and to fanning the flames of righteousness, faith, and leadership within each child.

At FBA you will find teachers who love your children and teach with enthusiasm and excellence. Our faculty and staff are committed to providing for each child a challenging, Biblically-based curriculum. You will discover a warm, safe, and nurturing Christian environment.

Enclosed you will find information on our enrollment process, as well an enrollment packet.

As you walk through the process of choosing the school that is right for your family, please know that we are here to answer any of your questions and to assist in any way possible. If you should have any questions regarding the enrollment packet, please contact our school office at (281) 420-2740 or email our administrator at [robin@fbcbaytown.org](mailto:robin@fbcbaytown.org).

Grace and Peace,  
Bill Yowell-Lead Pastor FBC

---

## Steps for Enrollment in First Baptist Academy

Welcome to First Baptist Academy. To help you understand the process for enrolling a new student, the following steps have been provided.

***Students applying for enrollment in kindergarten must be 5 years old on September 1st of the current school year.***

1. Read the Parent-Student handbook
2. Fill out NEW STUDENT ENROLLMENT PACKET
3. Submit the following to the school office:
  - Completed New Student Enrollment Packet
  - Copy of birth certificate
  - Letter of Recommendation
  - Copy of most recent report card and if possible a copy of achievement tests- can be faxed from most recently attended school.  
(If the student has taken any special psychological or educational tests, copies of these should be included.)
  - Registration Fee (Registration Fee must be paid before your student's spot can be secured)
4. After New Student Enrollment Packet has been reviewed by administration, you will be contacted if any additional information or forms may be needed. At this time, immunization records and health statement must be received in order to complete enrollment.

Any student that has been suspended or expelled from another school will not be considered for admissions at FBA. There are no exceptions to this policy.



## New Student Enrollment Packet

Date of Application \_\_\_\_\_ School Year \_\_\_\_\_ Applying for Grade \_\_\_\_\_

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

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender M ☐ F ☐ Shirt Size \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Parent's Relationship: ( ) Married ( ) Separated ( ) Divorced ( ) Single

(If divorced, a copy of the Divorce Decree noting guardianship, days of visitation, etc. must accompany this form.)

Student Lives With: (Check All that Apply) ( ) Father ( ) Mother ( ) Grandparents

Financially Responsible Party: ( ) Both Parents ( ) Father ( ) Mother ( ) Other

Father's Name \_\_\_\_\_ TXDL \_\_\_\_\_  
First Middle Last

Address \_\_\_\_\_ ( ) Same  
Street City State Zip

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_ E-Mail \_\_\_\_\_

Mother's Name \_\_\_\_\_ TXDL \_\_\_\_\_  
First Middle Last

Address \_\_\_\_\_ ( ) Same  
Street City State Zip

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_ E-Mail \_\_\_\_\_

Emergency Contact \_\_\_\_\_ (Contact information must be provided)  
First Last

Phone \_\_\_\_\_ Address \_\_\_\_\_

Current or Most Recent School \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Has your child ever repeated a grade? Y ☐ N ☐ If yes, which grades? \_\_\_\_\_

Has your child been suspended from or asked to leave a school? Y ☐ N ☐

If yes, please explain \_\_\_\_\_

\_\_\_\_\_

Is your child eligible to return to all previously attended schools? Y ☐ N ☐

If no, please explain \_\_\_\_\_

\_\_\_\_\_

Please describe any illnesses, diseases, or physical disabilities that either have affected or may affect your child's general health, his/her schoolwork, or his/her participation in athletics.

\_\_\_\_\_

\_\_\_\_\_

Does your child have any allergies that we should know about? Y ☐ N ☐

If yes, please explain \_\_\_\_\_

\_\_\_\_\_

How did you learn about First Baptist Academy? \_\_\_\_\_

Why do you want your child to attend First Baptist Academy? \_\_\_\_\_

\_\_\_\_\_

**Please check all media sources in which FBA has your permission to publish a picture of your child:**

( ) FBA or Rollingbrook Fellowship Website ( ) FBA or Rollingbrook Fellowship Facebook

( ) Public Advertisements

Parent's Signature _____ Date _____
-------------------------------------

## Enrollment and Tuition Agreement

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

Please read the agreement below and only fill out "PAYMENT PREFERENCE" section

### ***Tuition Billing***

#### *10 Month Payment Plan*

First Baptist Academy tuition is a yearly fee. For your convenience tuition is divided into 10 equal, monthly payments. The monthly tuition payment amount will be applied to your account on the first of each month (August-May). August tuition payment is due at the time of your enrollment appointment. **Each monthly payment, August-May, is due on the first school day of the month.** Tuition payments should be made on or before the first school day of each month. If tuition is not paid before the 10th of the month, a \$20 late fee will be applied to your account. **If tuition is not paid on or before the 15 of the month, your child will be disenrolled from FBA.**

### **Payment Preference (10 Equal Payments):**

☐ Credit/Debit Card ☐ Chk ☐ Cash

Name on Card \_\_\_\_\_ Card Number \_\_\_\_\_

Billing Address \_\_\_\_\_

Expiration Date \_\_\_\_/\_\_\_\_ Security Code (3 digit code) \_\_\_\_\_

### **OFFICE USE ONLY**

Extended Care ( ) 6:45am-4:30pm

Yearly Tuition \$ \_\_\_\_\_

Discount \$ \_\_\_\_\_ Reason for Discount \_\_\_\_\_

Yearly Tuition after Discount \$ \_\_\_\_\_

( ) 10 Month Payment Plan

( ) Tuition Express

Monthly Tuition Payment \$ \_\_\_\_\_

**First Baptist Academy**  
*Classical Christian School*

505 Rollingbrook  
Baytown, TX 77521  
(281) 420-2740

Health Statement

\_\_\_\_\_ has been examined by me and is able to participate in the FBA program. He /she is currently up to date on immunizations required for a child attending school in the state of Texas. **Attach current shot record.**

Date of exam \_\_\_\_\_

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Physician's Name (Type/Print)

\_\_\_\_\_  
Physician's Address

\_\_\_\_\_  
Physician's Phone

Please list any of the child's special needs

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**This form must be signed by a physician in order for your child to begin school.**

Parent's Signature _____ Date _____
-------------------------------------

## Authorization for Emergency Medical Care

**If I cannot be reached to make arrangements for emergency medical care for my child at the time of an illness or accident, I give my permission for:**

Si en caso de alguna enfermedad o accidente no me pueden localizar para arreglar atención médica de emergencia para mi niño, doy permiso para que:

<b>Name of Day Care Facility Owner or Director</b> Nombre del Dueño o Director del Centro de Cuidado de Niños <b>First Baptist Academy</b> <b>Robin Cunningham Administrator</b>
---

**to take my child (or children):**

**a que lleve a mi niño (o mis niños):**

<b>Name of Child (1)</b> /Nombre del Niño (1)	<b>Name of Child (2)</b> /Nombre del Niño (2)
<b>Name of Child (3)</b> /Nombre del Niño (3)	<b>Name of Child (4)</b> /Nombre del Niño (4)

**to:**

**a:**

<b>Name of Doctor</b> /Nombre del Doctor	<b>Telephone No.</b> /Teléfono
<b>Address of Doctor</b> /Dirección del Doctor	

**or to:**

**oa:**

<b>Name of Hospital or Clinic</b> /Nombre del Hospital o Clínica	<b>Telephone No.</b> /Teléfono
<b>Address of Hospital or Clinic</b> /Dirección del Hospital o Clínica	

**I give consent for necessary emergency treatment when my child is in the care of this physician or hospital or clinic.**

Doy mi consentimiento para el tratamiento médico necesario estando mi niño bajo la atención de este doctor u hospital o clínica.

\_\_\_\_\_  
**Signature-Parent or Legal Guardian**  
Firma-Padre o Tutor

\_\_\_\_\_  
**Date** /Fecha

# Permission to Pick Up

Student's Name \_\_\_\_\_

List the names of all relatives and friends who may pick your child up from school. **Please be sure to include your name and your spouse's name.** Please indicate to the right of the phone number whether or not each person is allowed to receive medical and academic information about your child.

\_\_\_\_\_ ( ) Y ( ) N  
Legal Name (as it appears on license) Phone Number

\_\_\_\_\_ ( ) Y ( ) N  
Legal Name (as it appears on license) Phone Number

\_\_\_\_\_ ( ) Y ( ) N  
Legal Name (as it appears on license) Phone Number

\_\_\_\_\_ ( ) Y ( ) N  
Legal Name (as it appears on license) Phone Number

\_\_\_\_\_ ( ) Y ( ) N  
Legal Name (as it appears on license) Phone Number

\_\_\_\_\_ ( ) Y ( ) N  
Legal Name (as it appears on license) Phone Number

Parent's Signature _____ Date _____
-------------------------------------





## Automated Payment Processing Safe – Convenient – Easy

We are excited to offer the safety, convenience and ease of Tuition Express®—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

### ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR **BANK ACCOUNT** and **CREDIT CARD**

I (we) hereby authorize (business name) \_\_\_\_\_ to initiate credit card charges to the below-referenced credit card account (**Section A**) OR, initiate debit entries to my (our) checking or savings account, indicated below (**Section B**). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

#### COMPLETE ONE SECTION ONLY

##### SECTION A (Credit Card)

Cardholder Name	Phone #
Cardholder Address	City State Zip
Account Number	Expiration Date
Cardholder Signature	Date

##### SECTION B (Bank Account)

Your Name	Phone #	
Address	City State Zip	
Bank or Credit Union Name	Bank or Credit Union Address	City State Zip
Routing Transit Number (see sample below)	Account Number (see sample below)	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Authorized Signature	Date	

#### For Official Use Only

Date Received

Employee Signature

John Sample Mary Sample 123 Nice Street Anytown, USA	BANK OF THE WEST 555-555-5555	00226
Pay to the order of:	Attach Voided Check Here	\$
Deposit slips not accepted		Dollars
123456789	1800330	0226
Routing Number	Account Number	Check Number

A service of

