



## Student Application

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

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

Home Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_ Boy \_\_\_\_\_ Girl \_\_\_\_\_

Grade at Entrance 2015-2016 \_\_\_\_\_

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Father's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

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

Father's Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

E-Mail \_\_\_\_\_ Cell Phone \_\_\_\_\_

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Mother's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

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

Mother's Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

E-Mail \_\_\_\_\_ Cell Phone \_\_\_\_\_

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Parent's Marital Status (circle one): Married Divorced Separated Widowed

If divorced or separated, who has Legal Custody of student? \_\_\_\_\_

Student lives with (circle one): Mother & Father Mother Only Father Only Guardian

If Guardian, name of Guardian? \_\_\_\_\_

Who is financially responsible for the obligations of the student? \_\_\_\_\_

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**New Students Only:**

Name of Last School Attended (if any) \_\_\_\_\_

Address of School \_\_\_\_\_

Has student ever been expelled, dropped, or suspended by any school? Yes \_\_\_\_ No \_\_\_\_

Has student ever had discipline problems in school? Yes \_\_\_\_ No \_\_\_\_

Has student ever failed a grade? Yes \_\_\_\_ No \_\_\_\_ If Yes, when? \_\_\_\_\_

Reason for leaving the school listed above: \_\_\_\_\_

Has student ever had excessive absences in school? Yes \_\_\_\_ No \_\_\_\_

If Yes, state year and reason: \_\_\_\_\_

\_\_\_\_\_

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Family's Church Affiliation \_\_\_\_\_

Pastor \_\_\_\_\_

Has student trusted Christ as Savior? Yes \_\_\_\_ No \_\_\_\_

Does student attend church regularly? Yes \_\_\_\_ No \_\_\_\_

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Please list any known handicaps, such as emotional, mental, physical, or learning disabilities that would limit his/her participation in our educational program:

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

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Please list any long-term medications, prescribed by a physician, the student is presently taking:

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

It is the opinion of Samson Baptist Academy that we are limited in professional staff prepared to give assistance to students hindered by communication disorders, mental deviations, sensory handicaps, neurological, orthopedic, and other health impaired or behavior disorders. Should, at anytime, Samson Baptist Academy not meet the academic or behavior needs of your child, it may be necessary that your child be dismissed with tuition pro-rated to date of dismissal.

The information provided by me in this application is, to the best of my knowledge, accurate and true. I understand that classroom and field-trip photographs, including my child, may be used for newspaper articles and other school publicity materials (i.e.: school website and/or other social media).

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\*  
Non-Discriminatory Policy: Samson Baptist Academy admits students of any race, color, national or ethnic origin to all of the rights, privileges, programs, and activities generally accorded or made available to students at the Academy.  
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**For Office Use:**

Date Application Received: \_\_\_\_\_

Student Accepted: Yes \_\_\_\_\_ No \_\_\_\_\_ If No, Reason: \_\_\_\_\_

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

Registration Fee Paid: \_\_\_\_\_ Curriculum Fee Paid: \_\_\_\_\_

Diagnostic Fee Paid (*If Applicable*): \_\_\_\_\_

Tuition Paid: Aug \_\_\_\_\_ Sep \_\_\_\_\_ Oct \_\_\_\_\_ Nov \_\_\_\_\_ Dec \_\_\_\_\_  
Jan \_\_\_\_\_ Feb \_\_\_\_\_ Mar \_\_\_\_\_ Apr \_\_\_\_\_ May \_\_\_\_\_