

Student Application

FAITH BAPTIST ACADEMY
HOME OF THE WARRIORS

Faith Baptist Academy is a ministry of Faith Baptist Church in Bakersfield, CA. We are excited that you are interested in being a part of our school and we look forward to working with you to help achieve your child's greatest potential. It is our desire to help train up students to live for the Lord all while offering them a great educational experience. We will be reviewing this Application and setting up a time to meet with you to see if your child is a good fit for our school. There will also be further paper work to fill out during the process of enrollment. If you have any questions, don't hesitate to contact us and we will be happy to try and answer any questions you may have.

**Faith Baptist Academy
1960 Ming Avenue, Bakersfield, CA 93304
(661) 834-3099
school@fcbakersfield.com**

Fight the good fight of faith, lay hold on eternal life, whereunto thou art also called, and hast professed a good profession before many witnesses.

1 Timothy 6:12



STUDENT INFORMATION

Name (Last, First, Middle) _____
Address _____
City / State _____ Zip _____
Phone _____
Age ___ Sex ___ Birth Date _____ Birthplace _____
School Last Attended _____
Address _____
Last Grade Completed _____

FAMILY INFORMATION

Father's Name _____
Employment _____
Position _____ Business Phone _____
Mother's Name _____
Employment _____
Position _____ Business Phone _____
Emergency phone number and name,
other than already listed _____
Marital Status: Married ___ Widow ___
Divorced ___ Separated ___
Children in family of school age if not applying:
Name _____ Age _____

Reason they are not applying: _____

RELIGIOUS INFORMATION

Church Attending _____
Address _____
Pastor _____ Phone _____
Father: Christian? Yes ___ No ___
Mother: Christian? Yes ___ No ___
Has applicant ever made a profession of faith in Christ?
Yes ___ No ___

MEDICAL INFORMATION

Family Physician _____
Phone _____
Does student have any physical defects or allergies? _____
Explain: _____
Has student received immunizations? DTP/DTaP/DT/Td _____
Polio ___ MMR ___ Varicella ___ Hepatitis B ___

SCHOLASTIC INFORMATION

Has student ever been expelled, dismissed, suspended, or
refused admission to another school? _____
If yes, explain: _____
Has student ever had disciplinary difficulty at school? _____
If yes, detail: _____
Does student have a juvenile or arrest record? _____
If yes, explain: _____
Has student ever used tobacco or nonprescription drugs of any kind? _____
If yes, explain: _____
Please indicate academic level of student's previous work:
Excellent ___ Good ___ Average ___ Poor ___
Has student ever failed an academic subject in school? _____
If yes, explain: _____

GENERAL INFORMATION

How did you here about this school? _____
Reason for selecting this school: _____

Application must be filled out completely before it can be processed.
A Registration Fee of \$ _____ must accompany the Application and it is
not refundable. An interview with the parents and the student will be
required before final acceptance.