

# Application for Admission

**First Baptist Christian Academy**  
7925 Fontaine Blvd. / Colorado Springs, CO 80925  
Phone: (719) 392-4444 / Fax: (719) 391-0844  
[www.fbcpv.net](http://www.fbcpv.net)

Date of Application \_\_\_\_\_ Home Phone Number \_\_\_\_\_

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

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

Date of Birth \_\_\_\_\_ Male ☐ Female ☐ Present Age \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Present Grade \_\_\_\_\_

School last or presently attending \_\_\_\_\_

Mailing Address of school \_\_\_\_\_  
Street City State Zip

Student's doctor for emergency use \_\_\_\_\_ Phone \_\_\_\_\_

Church membership \_\_\_\_\_ Pastor \_\_\_\_\_

Church attending (if different) \_\_\_\_\_ Pastor \_\_\_\_\_

Has the student trusted Christ as Saviour? Yes No If yes, when? \_\_\_\_\_

## **Education**

Please list all schools the student has attended (include home schooling)

Name of School	Address (Street, City, State, Zip)	Grades
----------------	------------------------------------	--------


Reason for leaving last school attended \_\_\_\_\_

Has any grade been repeated? Yes No If yes, which one(s)? \_\_\_\_\_

Has the student ever been expelled, suspended, dismissed, or otherwise severely disciplined in any other school? Yes No If yes, please explain \_\_\_\_\_

Does the student have any physical, mental, or emotional problems of which the teacher should be aware? Yes No If yes, please explain \_\_\_\_\_

### **Family**

Father's name \_\_\_\_\_ Employer(s) \_\_\_\_\_

Work phone (\_\_\_\_\_) \_\_\_\_\_ Cell phone (\_\_\_\_\_) \_\_\_\_\_

Mother's name \_\_\_\_\_ Employer(s) \_\_\_\_\_

Work phone (\_\_\_\_\_) \_\_\_\_\_ Cell phone (\_\_\_\_\_) \_\_\_\_\_

Please notify in case of emergency (other the parent) \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Relationship to student \_\_\_\_\_

In submitting this application I hereby acknowledge the following:

1. My child may go on school field trips and other scheduled, supervised school related activities.
2. The administration has full responsibility for placement of the student in the proper grade level and curriculum.
3. My child will be expected to abide by Christian standards of conduct and appearance as described in the FBCA Student Handbook without recourse.
4. The school reserves the right to discipline or dismiss any student who does not abide by the standards of conduct outlined in the Student Handbook.
5. We believe that Christians are **PROHIBITED** from bringing civil lawsuits against other Christians or the church to resolve personal disputes.

\_\_\_\_\_  
Signature of Father or legal guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Mother or legal guardian

\_\_\_\_\_  
Date

# TRANSCRIPT REQUEST

## Authorization for Release of Information

I hereby request \_\_\_\_\_  
(Previous School Name)

\_\_\_\_\_  
(Address) (City) (State) (ZIP)

( ) - \_\_\_\_\_  
(Phone)

( ) - \_\_\_\_\_  
(Fax)

To release records for the following student for the purpose of admission and school placement.

\_\_\_\_\_  
(Name) (Birth Date)

Please send all available records and transcripts, including cumulative folder, health records, psychological reports and any or all special education evaluation to:

FIRST BAPTIST CHRISTIAN ACADEMY  
7925 FONTAINE BLVD.  
COLORADO SPRINGS, CO 80925  
719-392-4444 PHONE  
719-391-0844 FAX

\_\_\_\_\_  
(Signature of Requesting School Representative)

\_\_\_\_\_  
(Date)

# IMMUNIZATION AND HEALTH

## Health Forms and Certificate of Immunization

Colorado School Entry Immunizations Law {DRS 1998, 25-4} requires that all children have **proof of immunization** or exemption **prior to school enrollment** or a health card signed by parents if exemption is needed.

It will be necessary to bring your student's health reports as stated above to the office **prior to the first day of school**. No child may be admitted to class until this is completed as required by law.

I, hereby give permission for the staff of First Baptist Christian Academy to obtain medical treatment for my child \_\_\_\_\_ age \_\_\_\_\_.

He/She may be given Tylenol, if needed. Yes \_\_\_\_\_ No \_\_\_\_\_

Is he/she presently on any medication? \_\_\_\_\_ (If YES please specify)

\_\_\_\_\_

Are there any physical problems or any special instructions, please comment.

\_\_\_\_\_

\_\_\_\_\_

Parents' Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

# PASTORAL REFERENCE

Dear Pastor,

First Baptist Christian Academy is a local church school committed to serving God by serving families who desire a Christ-centered education for their children. As a part of the application process, we require all prospective students who are not members of First Baptist Church of Peaceful Valley to have their pastor complete this pastoral reference form.

Please answer the following questions from your knowledge of this student and their family and return this form to:

First Baptist Christian Academy  
7925 Fontaine Blvd.  
Colorado Springs, CO 80925

The application process cannot be completed until we receive this reference from you. Thank you for your help.

Applicant's Name: \_\_\_\_\_

How long have you known this applicant and their family? \_\_\_\_\_

To the best of your knowledge, has the applicant been born again? Yes No

Does this applicant attend church faithfully? Yes No How many services a week? \_\_\_\_\_

To the best of your knowledge, have the parents been born again? Father yes no Mother yes no

Do the parents attend church faithfully? Yes No How many services a week? \_\_\_\_\_

In which ministries do they serve? \_\_\_\_\_

Any additional information: \_\_\_\_\_

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

Your Name \_\_\_\_\_ Position \_\_\_\_\_

Church \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_