

OFFICE USE ONLY:

Registration Fee \$_____ Money order _____ Check _____ Cash _____

Received by _____

Date of Application _____

First Day of School _____

Date requested records _____

Date records received _____



TABERNACLE BAPTIST ACADEMY

717 N. Whitehurst Landing Road * Virginia Beach, VA 23464
420-5476 ext. 338 or 339

APPLICATION FOR ADMISSION 2008-2009

STUDENT'S NAME:

1. _____ Grade to Enter _____

Birth date _____ Age _____ Sex _____ Social Security No. _____

2. _____ Grade to Enter _____

Birth date _____ Age _____ Sex _____ Social Security No. _____

3. _____ Grade to Enter _____

Birth date _____ Age _____ Sex _____ Social Security No. _____

FAMILY INFORMATION

Father's Name _____ Social Security No. _____

Address _____ Phone _____

City _____ State _____ Zip _____

Employer _____ Occupation _____ Work Phone _____

Church Affiliation _____ Pastor _____

Address _____

E-mail _____ Cell Phone _____ Page _____

Mother's Name _____ Social Security No. _____

Address _____ Phone _____

City _____ State _____ Zip _____

Employer _____ Occupation _____ Work Phone _____

Church Affiliation _____ Pastor _____

Address _____

E-mail _____ Cell Phone _____ Page _____

EMERGENCY INFORMATION

Phone numbers (for emergencies) Mom _____ Dad _____

Other _____ relationship to child _____

Other _____ relationship to child _____

In case of emergency when neither parent can be reached immediately, I hereby authorize emergency treatment at my expense at a military facility or at a local hospital.

Hospital Preferred _____ Doctor's Name/Phone _____

WAIVER OF LIABILITY

In the event that my child is injured through no fault of TBA or its authorized agents, on the property of Tabernacle Baptist Academy or on any school-related field trip, the parents and/or legal guardians of said child agree to indemnify and hold Tabernacle Baptist Academy harmless for any liability thereon. The parents and/or legal guardians agree to pay and be responsible for any and all of Tabernacle Baptist Academy's attorney fees incurred as a result of any legal action brought against Tabernacle Baptist Academy that it is determined by judge or jury to be without merit _____ INITIAL _____ INITIAL

STUDENT CARE INFORMATION

My child/ren will be riding to/from school with _____

My child/ren should never be released to _____

My child/ren have permission to take TYLENOL or non-aspirin pain reliever administered by the school office.
Yes_____No_____ (All medication must stay in the school office and be administered by school officials.)

List any health problems, allergies, health restrictions, etc. that TBA should be aware of

List any physical disabilities that would prevent full participation In the TBA physical education program.

ACADEMIC HISTORY

If transferring from another school, give name, address and phone number of that school:

Please list any special needs or academic challenges of your child/ren:

Has your child been in an IEP? Give details: _____

Has your child ever been expelled? Give details: _____

Is your child currently in trouble at his/her school? Explain: _____

Please state why you want your child/ren to attend Tabernacle Baptist Academy:

Date of Interview with Principal _____

Recommendation of Principal:

____ accept

____ accept upon condition of _____

____ deny

comments:

The following list of documents is required before application is complete:

____ Most recent report cards and standardized test results

____ Copy of Birth Certificate

____ Copy of Social Security Card

____ Christian Character Form

____ Financial Agreement

Statement of Cooperation

I realize that attendance at a private, Christian school is a privilege and not a right. I will abide by all policies of Tabernacle Baptist Academy and will agree to pay all financial obligations. By signing below I agree to support the school to the best of my ability. If I cannot continue to support Tabernacle Baptist Academy I will withdraw my child without seeking to undermine or discredit the ministry or its personnel.

Parent or Guardian's signature _____ Date _____

Parent or Guardian's signature _____ Date _____