



881 Kuhn Drive, Suite 102, Chula Vista, CA 91914
(619) 421-4151 • E-mail: info@bereanbible7.org



APPLICATION FOR ENROLLMENT SCHOOL YEAR 2013-2014

Start: [August 13, 2013](#)

End: [May 23, 2014](#)

"They shall mount up
with wings as eagles;"
Isaiah 40:31



Berean Bible Baptist Academy is an educational ministry of Berean Bible Baptist Church, Chula Vista. Our **purpose** is to **educate** and to **train** the student: spiritually, intellectually, physically, and socially through a Bible-based curriculum. However, we cannot do for your children what you cannot or will not do at home. A child placed in an environment where the family follows a direction contrary to that of the church and the school is a child given to much confusion within his own thoughts and actions. Our primary goal is to develop students to have the "*mind of Christ*" (Philippians 2:5) in their lives. We therefore exist to establish an environment that will foster the maturity of Christ-mindedness. We believe that the home, the school, and the church must work together to bring about a young person that will be pleasing to the Lord Jesus Christ. The Bible says, "*Train up a child in the way he should go: and when he is old, he will not depart from it.*" Proverbs 22:6

Berean Bible Baptist Academy will accept students that are members of a local Independent Baptist church that agree with our doctrinal and separational stand regardless of race, color, or national and ethnic origin. If your desire is to enroll your young people at Berean Bible Baptist Academy, please fill out the following application as soon as possible. Enclose your registration fee of **\$ 200** plus **\$ 250** for the books per child and **RETURN by June 28, 2013**. Once we receive the application we can begin the process of enrolling your child. The cash or check (made payable to Berean Bible Baptist Academy or BBBA) you send for the registration and books will be held until your child has been accepted. Once he/she has been accepted as a student(s), the cash or check will be deposited. If we are unable to accept him/her, your cash or check will be returned with a letter of explanation why we cannot accept your child. If applicant is **6th grade** or below please have the parent fill out application. All **7th – 12th grade** students should fill out their own applications and have their parents sign accordingly.

Parent: Please sign your name at the end of this statement if the applicant will be allowed to be given Tylenol (or equivalent) and/or topical antibiotic ointment by school personnel should the need arise. Please see Section 3.35 of the Student Handbook for further guidelines of our School policies regarding Student Medication.

Parent/Legal Guardian Signature: _____

Student's Name: _____
Last First Middle

Student's Address _____
Address (apt. #) City Zip

Phone No. () _____ M _____ F _____ Date of Birth: _____
Area code

Applying for Grade: _____ Age: _____ Social Security # _____ - _____ - _____

Student currently lives with: Mom _____, Dad _____, Both _____.

Father's Name: _____
Last First

Father's Address _____
Address City Zip (if different than of the applicant)

Father's Phone: Home () _____ Work () _____
(if different than applicant)

Cell Phone: () _____ E-mail Address: _____

Mother's Name: _____
Last First

Mother's Address: _____
Address City Zip (if different than of the applicant)

Mother's Phone: Home () _____ Work () _____
(if different than applicant)

Cell Phone: () _____ E-mail Address: _____

Independent Baptist Church where family and student attend church?

Name: _____

Address: _____

City, State, Zip: _____

Pastor's Name: _____ Pastor's Phone: () _____

Does family, including applicant, attend church regularly? Y___ N___

Is family active in the church? Y___ N___ What area of Ministry? _____

May we contact your Pastor to verify the information given above? Y___ N___

Has applicant personally accepted Jesus Christ as Saviour? Y___ N___

Name of last school attended: _____

Address: _____

City, State, Zip: _____

How long did applicant attend last school? _____ years.

Has applicant ever been **suspended** or put on **probation** (of any kind) from any school? Y___ N___ If yes, please explain. _____

Has applicant had any **failing grades** at the last school? Y___ N___
Are there some academic problems that will need to be dealt with if they become a student at BBBA Y___ N___

If yes to either question above, please explain. _____

Has applicant had any specific **discipline** problems at his/her last school?
Y___ N___ If yes, please explain. _____

Does applicant have a poor record of **attendance**? Y___ N___ If yes, please explain. _____

Does applicant have any **special health requirements**, which need special attention? Y___ N___ If yes, please explain. _____

Has applicant used or is currently using **tobacco** in any form? Y___ N___
If the applicant has used tobacco in the past and is no longer doing so, how long has it been? _____.

Has applicant ever drank any **alcoholic beverages**? Y___ N___ If applicant is not currently involved with the use of alcoholic beverages, but has in the past, how long has it been? _____.

Has applicant used or is currently using **narcotics**? Y___ N___ If applicant is not using narcotics, but has in the past, how long has it been? _____.

Why do you as a parent/applicant want to place your child or attend at Berean Bible Baptist Academy? _____

As a parent/applicant, what is your perception of Christian education? _____

What kind of an education are you expecting from Berean Bible Baptist Academy that a public school cannot give you? _____

Are you, as a student or a parent, willing to support the administration and education programs of BBBA? Y___ N___

Junior & Senior High School Students (Grades 7-12):

I as a, ___ Junior or ___ Senior High school student, have read through the Berean Bible Baptist Academy handbook, understand its policies and procedures, and agree to abide by them. I also know and understand that I am to submit to the authority of Berean Bible Baptist Academy and in the event that I don't, I may be asked to withdraw from the school

Date: _____

Student's Name: _____

Signature: _____

* **ELECTIVE CLASSES** – We are offering the following elective classes for this year:

- String Instruments. Guitar, Ukulele, and Banduria. (**2nd Graders** and above).
- Family/Consumer Sciences: Kitchen and food safety, care of kitchen and equipment, recipes, nutrition, consumer education, meal management, table and meal service, etiquette and entertaining. (**7th graders** and above).
- Keyboarding: Basic keyboarding skills, introduction to business documents, formatting, letter styles, reports, and professional tables; designed for standard computer word processing programs (**7th graders** and above, Computer required)

* There will be an additional monthly fee of only **\$ 30** per student plus a one-time fee of **\$ 30** per student for the books and hand-outs.

I/We would like to enroll my/our child to (please check):

___ String Instruments ___ Family/ Consumer Sciences ___ Keyboarding

I/We AGREE to pay all additional monthly and one-time fees. _____ (Initials)

We (I), as the parents/legal guardian of the applicant, have read through the Doctrinal Beliefs and Statement of Faith of Berean Bible Baptist Church and the Berean Bible Baptist Academy handbook and agree with the doctrinal and separational stand that the school takes. I understand its policies and procedures as listed in the handbook and recognize my responsibility to help my child(ren) follow them. I will endeavor to help my children, regardless of age, to follow the rules and live Godly lives. I also understand that my child(ren) can be asked to withdraw from the school if it becomes obvious that their attitude and behavior becomes rebellious and that rebellion begins to affect other students.

The information given above has been answered honestly and to the best of my ability. If during the course of verification it becomes apparent that erroneous and/or misleading information has been given for the purpose of being accepted as a student, I understand that my child will not be accepted. I understand that my signature below is an acceptance of the conditions in the application.

I realize I have a financial responsibility to Berean Bible Baptist Academy for the education of my child(ren). I agree, by signing below, to pay the tuition and curriculum on a ____9, ____ 10, or ____ 11 month schedule (check one) by the **first of each month**. I realize that if the monthly payment is not paid by the due date, my child(ren) may not be allowed to return to school until it is paid.

BOTH PARENTS OR LEGAL GUARDIAN MUST SIGN:

Father's Signature

Date

Mother's Signature

Date

Legal Guardian Signature

Date

BEREAN BIBLE BAPTIST ACADEMY

Parents Agreement

1. We hereby give permission for our child to take part in all functions, activities, bus trips, sports/P.E. events, and trip away from the campus sponsored by the Berean Bible Baptist Academy (BBBA). I understand that I will always be notified in advance of such activities. We further agree to hold the Academy and its agents harmless for any liability to our child, guardian or parent thereof because of any injury or alleged injury to our child.
2. We will endeavor to support and uphold the high academic standards, principles, and practices of the Berean Bible Baptist Academy. We will seek to work with our child to ascertain that he/she has completed and carried out any and all homework assignments, encouraging him/her to do his/her best.
3. We will support the Academy in its non-toleration of profanity, obscenity, disrespect of the Word of God or personnel of the Academy. We will always teach and train our child to avoid the practice of these habits.
4. We grant permission to the Academy authorities to enforce the rules of the Academy and to discipline our child as is deemed necessary. In this regard all students will be clearly informed of school rules and regulations. It is further understood that: A gradual and regular sequence of discipline is used, suiting the discipline to the nature of the infraction. When discipline is necessary, it will be administered in love with the desire to help the student always being the goal. In the unusual case that a student's behavior and/or attitude do not improve in response to discipline; suspension or expulsion will be considered necessary. Should this extreme measure become necessary, we understand that the current month's tuition and charges are due and will not be refunded.
5. We understand that the Berean Bible Baptist Academy expects any enrolled student to continue throughout the year. We are obligated to maintain enrollment for the entire year unless some extenuating circumstance (such as death of family member, major illness, job relocation, etc.) make it imperative that a student drop out. We also understand that if our family chooses to pay the annual fees in monthly payments that our payment is due the first of each month during the school year. If payment is not received by the tenth of each month of the school year, we realize that a **\$ 20 late fee** will be imposed on our account. We agree that all tuition will be current and paid up to date **by May 16, 2014** or student will NOT be allowed to take any final exams – the final report cards and records will not be released until accounts are current. We know that there will be no refunds of registration fees.
6. We are aware that the Academy has a dress code and agree to comply with it, dressing our children neatly, modestly, and in acceptable clothing at all times.
7. We agree with the Academy Statement of Faith, Policies and Procedures and understand that the teachers will share this doctrinal position with our child.

PLEASE READ THE ABOVE CAREFULLY BEFORE SIGNING
(Both Parents and/or Guardian Must Sign)

Father:

Print name: _____

Signature: _____

Date: _____

Mother:

Print name: _____

Signature: _____

Date: _____

Legal Guardian:

Print name: _____

Signature: _____

Date: _____

BEREAN BIBLE BAPTIST ACADEMY

Financial Agreement

I UNDERSTAND that the registration fee of **\$ 200** plus **\$ 250** for the books per child is to accompany this application form. An Administrative interview will then be scheduled. Only after the interview process will my child's name be placed on the School's roster. The cash or check (made payable to Berean Bible Baptist Academy (BBBA) you send for the registration and books will be held until your child has been accepted. Once accepted as student(s), the cash or check will be deposited. If we are unable to accept him/her, your cash or check will be returned with a letter of explanation why we cannot accept your child. _____ *initial*

I UNDERSTAND that the registration fee and book fee is non-refundable once they have been deposited. _____ *initial*

I UNDERSTAND that the monthly tuition is based on an annual tuition fee, payable over a nine, ten, or eleven month payment schedule. There is no refund for National Holidays or Holiday breaks (i.e., Thanksgiving, Christmas, Easter, etc.) or any non-attendance days listed on the calendar, or deemed necessary in case of emergency. _____ *initial*

I UNDERSTAND that no tuition will be refunded due to illness or absence on the part of my child. _____ *initial*

I UNDERSTAND that tuition is due on the first of the month. In the event that it should become necessary to withdraw my child, I understand that I am responsible for the current month's tuition payment. _____ *initial*

I UNDERSTAND that a **\$ 20 late fee** will automatically be charged if payment is not received by the tenth of each month of the school year. I also understand that if payment has not been made by the last day of the month, BBBA has the right to refuse admittance to school until tuition is brought current. _____ *initial*

I UNDERSTAND that there will be a **\$ 25 fee** charged for any returned checks. Two returned checks will require future cash payments only. _____ *initial*

I UNDERSTAND that cash payments are to be made during regular office hours: 8 am to 4 pm and that I will be responsible to ask a written receipt, if I need one. _____ *initial*

I UNDERSTAND that should my child be responsible for willful damage to school property, I will be billed for that damage. _____ *initial*

I UNDERSTAND that if my child has not been picked up by **3:30 pm**, a child-care fee of **\$ 0.25 per minute** will be due at the time I pick-up my child. Time will be judged by the school clock. _____ *initial*

I HAVE READ AND AGREE to pay Berean Bible Baptist Academy (BBBA) the registration fee, book fee, tuition, and any late fees my child/children may incur. _____ *initial*

Signature of Person Financially Responsible

Date

SCHEDULE OF FEES 2013-2014 School Year

FEES	Members	Non-Members
Registration (non-refundable upon acceptance of student) Due: <u>June 28, 2013</u>	\$ 200.00	\$ 200.00
Books (non-refundable upon acceptance of student) Due: <u>June 28, 2013</u>	\$ 250.00	\$ 250.00
Monthly Tuition (due on the first of each month for 10 months) <i>* \$50/month discount for each 2nd, 3rd child or more.</i> <i>** Children of Pastors, Missionaries, and full-time church workers will receive a 50% discount from the regular <u>non-member tuition</u> rate.</i>	<p style="text-align: center;">\$ 275.00</p> <ul style="list-style-type: none"> • 1st Child - \$2,750.00 (\$275.00) • 2nd Child - \$2,250.00 (\$225.00) • 3rd Child - \$1,750.00 (\$175.00) • 4 or more children - check with the school office <p style="text-align: center;">First Month Tuition Due: <u>August 6, 2013</u></p>	<p style="text-align: center;">\$ 325.00</p> <ul style="list-style-type: none"> • 1st Child - \$3,250.00 (\$325.00) • 2nd Child - \$2,750.00 (\$275.00) • 3rd Child - \$2,250.00 (\$225.00) • 4 or more children - check with the school office

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Student Handbook Acknowledgement Form

I certify that I have reviewed the Student Handbook of Berean Bible Baptist Academy with my child(ren), and he/she will, to the best of his/her ability, with the Lord's help and guidance, abide by it. If he/she breaks any of the rules, he/she agrees to accept the discipline outlined with a good Christian attitude.

Student Name: _____

Student Signature (Grades 1 through 12): _____

Parent/Guardian Signature: _____

Date: ____/____/____

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CONSENT FOR MEDICAL EMERGENCY TREATMENT FORM

Please Print or Type:

Name of Student: _____ Age: _____ Grade: _____ Gender: M / F

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Father's Name: _____ Phone: _____ Cell: _____

Mother's Name: _____ Phone: _____ Cell: _____

Guardian Name (If applicable): _____ Phone: _____ Cell: _____

Please list below, other Emergency Contact Names:

1. _____ Relationship: _____ Phone: _____

2. _____ Relationship: _____ Phone: _____

3. _____ Relationship: _____ Phone: _____

Please list any health concerns (medication, allergies, limitations?):

Consent / Waiver / Release:

I/We understand that every effort will be made to contact me/us in the event of any accident or injury to my child. In the event I/we cannot be reached, I/we hereby authorize any supervising adult; in whose care this minor has been entrusted, to consent to whatever medical or surgical treatment may be necessary or advisable by the physician or nurse treating such injuries. I/we understand that I/we am/are responsible for the cost of all medical treatment that is administered to my/our child.

Signatures (both Parents must sign) or Legal Guardian:

Father's Signature: _____ Date: _____

Mother's Signature: _____ Date: _____

Legal Guardian's Signature: _____ Date: _____

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MEDICAL DISPENSATION APPROVAL FORM

Please Print or Type:

Name of Student: _____ Age: _____ Grade: _____ Gender: M / F

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Father's Name: _____ Phone: _____ Cell: _____

Mother's Name: _____ Phone: _____ Cell: _____

Guardian Name (If applicable): _____ Phone: _____ Cell: _____

Please list any health concerns (medication, allergies, limitations):

The following must be adhered before any Berean Bible Baptist Academy personnel may dispense medication:

1. Authorization to dispense medications shall be limited to two (2) weeks, unless prescribed by a physician.
2. The medication shall be in the original labeled container.
3. The medication container shall be labeled with the child's full name, doctor's name, type of medication, how much to be given and expiration date.
4. We must have written authorization form (fill-in the attached **Permission for Student Medication Dispensation by School Personnel form**) before any medication can be dispensed.
5. Unless there is written authorization from parents or legal guardian, personnel shall not dispense non-prescription medication at the Berean Bible Baptist Academy.

Signatures (both Parents must sign) or Legal Guardian:

Father's Signature: _____ Date: _____

Mother's Signature: _____ Date: _____

Legal Guardian's Signature: _____ Date: _____

PERMISSION FOR STUDENT MEDICATION DISPENSATION BY SCHOOL PERSONNEL

Designated school personnel of Berean Bible Baptist Academy may administer prescription or over the counter medication to pupils upon written request of the pupil's parent/guardian and physician only when the medication is in the original container.

I. PARENT REQUEST:

As the parent/guardian of: _____, I request that medication be
(Name of Student)
administered to my child in accordance with my physician's written instructions. I will notify the school immediately if I change physicians or if the medication is changed.

(Parent/Guardian Signature)

(Date)

II. A. Name of medication(s):

B. Condition for which the drug is to be given:

For inhalers only: Student may carry inhaler Yes No

For Epi-Pens only: Student may carry Epi-Pen Yes No

C. Time schedule for medicine dispensation at school:

D. Dosage of medication:

E. Route of administration:

F. Possible side effects:

The above medication cannot be scheduled for other than during school hours and may be administered by medically unlicensed school personnel.

Date of request: _____

Medication to be continued as above until: _____

Note: Physicians orders must be renewed annually.

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School Year 2013-2014, Student Drop-off/Pickup Authorization Form
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Student's Name: _____ **Date:** _____

Drop-Off/Pick-Up Authorization

As the parent or legal guardian, I certify that the following individuals are allowed to drop-off and/or pick-up my child at the Berean Bible Baptist Academy Campus, located at 881 Kuhn Drive, Suite 102, Chula Vista, CA 91914:

Name of Authorized Person	Relationship to Student	Cell Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Comments:

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ **Date:** ____/____/____

Daytime Phone Numbers: () _____ - _____ () _____ - _____

Cell Phone Numbers: () _____ - _____ () _____ - _____