



FIRST BAPTIST CHRISTIAN SCHOOL

40 West Street, Weymouth, Massachusetts 02190

(781) 335-6232

<i>for office use only</i>	
Date Rec'vd	_____
Fee Pd.	_____
<input type="checkbox"/> Photo	<input type="checkbox"/> Birth Cert.
<input type="checkbox"/> Medical Form	
Accepted	_____

FAMILY APPLICATION

FATHER'S NAME: _____
first *m.i.* *last*

Home Address: _____ Home Phone: _____

Employer: _____ Position: _____

Work Address: _____ Work Phone: _____

Email: _____ Cell: _____

MOTHER'S NAME: _____
first *m.i.* *last*

Home Address: _____ Home Phone: _____

Employer: _____ Position: _____

Work Address: _____ Work Phone: _____

Email: _____ Cell: _____

Marital Status (Check one)

FATHER	<input type="checkbox"/> Married	<input type="checkbox"/>	<input type="checkbox"/> Widowed	<input type="checkbox"/>	<input type="checkbox"/> Separated	<input type="checkbox"/>	<input type="checkbox"/> Divorced	<input type="checkbox"/>	<input type="checkbox"/> Single	<input type="checkbox"/>
MOTHER	<input type="checkbox"/> Married	<input type="checkbox"/>	<input type="checkbox"/> Widowed	<input type="checkbox"/>	<input type="checkbox"/> Separated	<input type="checkbox"/>	<input type="checkbox"/> Divorced	<input type="checkbox"/>	<input type="checkbox"/> Single	<input type="checkbox"/>

Church or denominational affiliation:

FATHER	Attending: <input type="checkbox"/>	<input type="checkbox"/> Regularly	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Seldom	<input type="checkbox"/>
MOTHER	Attending: <input type="checkbox"/>	<input type="checkbox"/> Regularly	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Seldom	<input type="checkbox"/>

Other children at home, age 18 or under, who are not being considered for enrollment.

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Briefly state why you wish to have your child(ren) attend FBCS. *(If more space is needed, please use reverse side.)*

How did you first learn about First Baptist Christian School?

Please fill out a separate STUDENT INFORMATION sheet for each applicant. For all grades, please include a recent photograph, a current medical record signed by your child's doctor, and a copy of the birth certificate. For students entering grades 1-8 also include copies of the most recent report card and standardized testing.

STUDENT INFORMATION

NAME: _____
first m.i. last

Sex: _____ Date of Birth: _____ Grade Entering: _____

Has the applicant repeated any grades? YES ___ NO ___. If yes, please indicate when and what grade.

Has the applicant had any serious discipline problems? YES ___ NO ___. If yes, Please explain.

Does the applicant have any special needs, i.e. physical or learning disabilities, Chapters 1 or 766 (IEP)? YES ___ NO ___. If yes, please explain.

Please describe any medical or allergy related conditions (including insect bites) that the applicant has and what special prescription medicines need to be administered at the school. Also list any restrictions regarding recess and gym activities.

SCHOOL ATTENDANCE INFORMATION: Please list all the schools your child has attended (include preschool and home schooling).

School _____ Dates _____
Grades Attended: Preschool K 1 2 3 4 5 6 7 8

School _____ Dates _____
Grades Attended: Preschool K 1 2 3 4 5 6 7 8

School _____ Dates _____
Grades Attended: Preschool K 1 2 3 4 5 6 7 8

School _____ Dates _____
Grades Attended: Preschool K 1 2 3 4 5 6 7 8

School _____ Dates _____
Grades Attended: Preschool K 1 2 3 4 5 6 7 8

LAST SCHOOL ATTENDED

Name of School Address City/State Zip