PARKSIDE BAPTIST ACADEMY
Enrollment Application

KINDERGARTEN - ELEMENTARY - JUNIOR HIGH - SENIOR HIGH
APPLICATION FOR INTERVIEWING AND TESTING OF PROSPECTIVE STUDENTS

This application does not assure final enrollment but provides information which a decision will be based.

Student Information Date _____

LEGAL NAME IN FULL_____ Grade entering _____

Home Address _____ City _____ Zip _____

Telephone _____ Emergency Phone _____

Age _____ Sex _____ Date of Birth _____ Place _____

Last School Attended _____ Address _____

City _____ State_____ Zip _____

If child has repeated any grade, state grade and reason _____

Has the student had any disciplinary difficulty in school? _____

If so, state briefly _____

Special Physical disabilities _____

Church _____ What church _____ Address _____

Church Attendance: Regularly _____ Occasionally _____ Not at all _____

Family Information

Father's name _____

Occupation _____ Place of employment _____Phone _____

Church attended _____ Address _____ Member _____

Church attendance: Regularly _____ Occasionally _____ Not at all _____

Email_____

Mother's name _____

Occupation _____ Place of employment _____ Phone _____

Church attended _____Address _____Member _____

Church attendance: Regularly _____ Occasionally _____ Not at all _____

Email_____

Marital status: Married _____ Widowed _____ Divorced _____Separated _____

Number of children living in family _____ Number of others living in the home _____

Family doctor _____ Address _____Phone _____

Explain why you wish your child to attend our school _____

_____

PARKSIDE BAPTIST ACADEMY

STUDENT HEALTH RECORD

Name of Student_____ Phone _____

Address _____ City _____ Zip _____

Sex _____ Grade _____ Birthday _____ Date _____

Accident Record			
Date	Nature of Accident	Cause of Accident	Was Student Hospitalized

Is this child free of infection and contagious disease? _____

_____

Is this child able physically and mentally to participate in group activities? _____

_____

Chronic conditions: _____

_____

Special care: (For special conditions such as allergy, special diet, restriction of physical activity, specified medication and vitamins.)

_____

_____

_____ _____

Signature of Parent or Guardian Date

Address _____ City_____ Zip_____

Telephone _____

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PERMISSION FOR TREATMENT

In case of accident or illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call my physician and to follow his instructions. If it is impossible to contact his physician, the school may take whatever arrangements seem necessary. I realize that I am the one to be held responsible for any financial obligations that occur because of injury or illness.

Name of Student: _____ Birth Date: _____

Allergies and Medication: _____Last Tetanus: _____

Address: _____ Phone:_____

Name of responsible person on insurance policy: _____

Relationship to student: _____

Social Security #: _____ Employer: _____

Work Address: _____ Phone: _____

Insurance Company: _____

Group # : _____

During my absence, I may be reached at: (_____) _____

_____ _____
Signature Relationship to the Student

***NOTICE:** This form must be notarized.

STATE OF TEXAS COUNTY OF DALLAS

Before me, the undersigned authority, on this day personally appeared.

_____, known to me to be the person whose name is subscribed above, and acknowledge me that he/she executed the same for the purpose therein expressed.

Sworn and subscribed before me this _____ day of _____, 20 _____.

_____
Notary Public in and for Dallas

PARKSIDE BAPTIST ACADEMY

Immunization Record

Name _____ Date _____

Texas state law requires that each child entering school have certain immunizations according to the chart listed below. We have provided information concerning the state vaccine and immunization requirements for your child. If you as a parent have concerns regarding the immunizations of your child needs due to medical or conscientious reasons, please check the state requirements for exemptions.

	Children under 12 years of age	Children over 12 years of age
Polio	3 does of oral vaccine (one of the does since the fourth birthday)	Same as for children under 12 years of age
Diptheria – Tetanus	3 shots (one of the three shots since the fourth birthday)	Same as for children under 12 years of age PLUS a booster shot every 10 years
Rubella	1 shot of vaccine (German – 3 day measles) History of having the disease is not acceptable	_____
Measles	Grade K through 6th, age 12	Escalates by grade and age each year thereafter through grade 12
Mumps	Grade K through 1st, age 7	Escalates by grade and age each year thereafter through 5th grade or age 11

Vaccines Needed	Immunization	1st Dose	2nd Dose	Booster	Booster	Date of Disease
	Polio					
	Diptheria – Tetanus					
	Rubella					
	Measles					
	Mumps					

To the Doctor:
Please fill in immunization dates in spaces provided. If the student is to return for further immunizations, place the date of the next appointment in the space provided.

Date of next appointment _____ Vaccine _____

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_____
Doctor's Signature or Clinic Validation

Medication and Activities

CHILD'S NAME_____

ASPIRIN
If minor headache or discomfort occurs at school, you have my permission to give my child:

( ) Regular Aspirin

( ) Children's Aspirin

( ) No Aspirin

( ) Tylenol

( ) Children's Tylenol

( ) Ibuprofen

FIELD TRIP
My child has my permission to participate in supervised field trips.

_____
Parent's Signature

_____
Date

PARKSIDE BAPTIST ACADEMY

CODE OF CONDUCT AND DRESS

The Code of Conduct and Dress is stated in the Parent and Student Handbook.

As stated there, students showing incompatibility or lack of harmony with the school's philosophy of life, philosophy of education, Statement of Cooperation, and Code of Conduct will be suspended or expelled at the school's discretion and may not be permitted to re-enroll in the Academy.

I have read the handbook carefully and understand that Parkside Baptist Church wants to help my child through Champion Baptist Academy, not only to grow academically, but spiritually into what God would have them to be through the standards and guidelines expressed.

_____ _____

Father's Signature Mother's Signature

As a student, I have read the handbook and will cooperate with the school by these standards as long as I am a student enrolled in Parkside Baptist Academy.

_____

Student's Signature (Grades 7-12)

_____

Student's Signature (Grades 7-12)

_____ _____

Student's Signature (Grades 7-12) Date