

# BEREAN BAPTIST ACADEMY

518 Glensford Drive, Fayetteville, NC 28314

910.868.2511 Fax: 910.868.1550

www.bbaafnc.org

## Student Registration (K3-12<sup>th</sup> Grade)

Student's Name: \_\_\_\_\_ Entering Grade: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Age: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Family's E-mail Address: \_\_\_\_\_ Student's SSN: \_\_\_\_\_

Father/Guardian's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Title/Rank: \_\_\_\_\_ SSN: \_\_\_\_\_ E-mail: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mother/Guardian's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Title/Rank: \_\_\_\_\_ SSN: \_\_\_\_\_ E-mail: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Circle grades previously attended at Berean Baptist Academy:

K3 K4 K5 1 2 3 4 5 6 7 8 9 10 11

Please list all schools that applicant has attended (include home-schooling):

Name of School: \_\_\_\_\_ Address (Street, City, State, Zip): \_\_\_\_\_ Phone#: \_\_\_\_\_ Grades: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has applicant been tested for ADD, ADHD, Dyslexia, etc. or prescribed with medication for such diagnoses?  
\_\_\_\_\_ If yes, explain: \_\_\_\_\_

Is applicant currently taking any long-term prescription medication? \_\_\_\_\_ If yes, please list medication(s):  
\_\_\_\_\_

Physical disabilities: \_\_\_\_\_

Ages of other children in the home: \_\_\_\_\_

**I hereby acknowledge that the foregoing information is accurate and true. It is also my understanding that there are no refunds on registration fees. I understand and agree with the school's policy with regard to discipline. I also give my permission for my child to take part in all school activities including sports and school-sponsored trips away from the school premises and absolve the school from liability to me or my child, because of any injury to my child at school or during any school activity.**

Parent/Guardian's Signature: \_\_\_\_\_

### Emergency Contact & Physician Information:

Responsible adult to contact if parent cannot be reached:

Name: \_\_\_\_\_ Name of Student's Physician: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Physical Defects/Asthma/Diabetes/etc.: \_\_\_\_\_

\_\_\_\_\_

### For Office Use Only:

Today's Date: \_\_\_\_\_ School Year: \_\_\_\_\_

Parent ID#: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Referred By: \_\_\_\_\_ Entered: \_\_\_\_\_