

**AMBASSADOR BAPTIST ACADEMY**

**Jr./Sr. High Enrollment Form 2015-2016**

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade\_\_\_\_

For Office Use Only

Entry Date \_\_\_\_\_  
Paid

Student Name (Last, First, Middle) \_\_\_\_\_

Address (Street, City, State, Zip) \_\_\_\_\_ E-mail Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Sex \_\_\_\_\_ Birth Date \_\_\_\_\_ Race (White/Black/Hispanic/Oriental/Other) \_\_\_\_\_

Father's Name \_\_\_\_\_ Father's Cell Phone \_\_\_\_\_ Mother's Name \_\_\_\_\_ Mother's Cell Phone \_\_\_\_\_

Father's Employer \_\_\_\_\_ Father's Work Phone \_\_\_\_\_ Mother's Employer \_\_\_\_\_ Mother's Work Phone \_\_\_\_\_

Emergency Contact (if parents cannot be reached) \_\_\_\_\_ Home Phone \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_

Child's Primary Residence:  Both Parents  Mother  Father  Other \_\_\_\_\_

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Father's Employer \_\_\_\_\_ Father's Work Phone \_\_\_\_\_ Mother's Employer \_\_\_\_\_ Mother's Work Phone \_\_\_\_\_

Emergency Contact (if parents cannot be reached) \_\_\_\_\_ Home Phone \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_

Child's Primary Residence:  Both Parents  Mother  Father  Other \_\_\_\_\_

_____ Name of person(s) authorized to take child (other than parents)	_____ Relationship	_____ Phone
_____ Name of person(s) authorized to take child (other than parents)	_____ Relationship	_____ Phone
_____ Physician's Name	_____ Physician's Phone	

\_\_\_\_\_  
Health Problems/Learning Disabilities (if any)

\_\_\_\_\_  
Church you now attend

\_\_\_\_\_  
Pastor's Name

**VERIFY THAT ALL FIELDS ARE COMPLETE, READ STATEMENT OF COOPERATION BELOW, THEN SIGN**

**STATEMENT OF COOPERATION**

In making application for my child, I desire him to complete the school year 2014-2015. It is also my understanding that the policy of the school is to make no refunds or transfers on registration fees, and that should I remove or transfer my child after the school year has started, I will still owe 50% of the remaining tuition for the year.

I also give permission for my child to take part in all activities of Ambassador Baptist Academy. I further agree to indemnify and hold Ambassador Baptist Academy harmless for any and all liability that may result from my child attending or participating in all activities of Ambassador Baptist Academy including transportation to and from said activities.

In the event that an Ambassador Baptist photographer or videographer takes a picture with my child in it, either individually or in a group, I give permission for my child's picture to be used in future brochures, DVDs or other publications of Ambassador Baptist Academy.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

_____ Name of person(s) authorized to take child (other than parents)	_____ Relationship	_____ Phone
_____ Name of person(s) authorized to take child (other than parents)	_____ Relationship	_____ Phone
_____ Physician's Name	_____ Physician's Phone	

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Health Problems/Learning Disabilities (if any)

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Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_