

AMBASSADOR BAPTIST ACADEMY
New Student
Elementary Enrollment Form (1st-6th grade)
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 _____

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 current school year. 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.

Parent's Signature _____ Date _____

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 _____