AMBASSADOR BAPTIST ACADEMY

New Student

Elementary Enrollment Form (1st-6th grade)

Date ____/____ Grade_____

For Office Use Only
Entry Date Paid □

Student Name (Last, First, Mi	adie)				
Address (Street, City, State, Zip) E-mail Address					
Home Phone Sex		Birth Date	Race (Wh	Race (White/Black/Hispanic/Oriental/Other)	
Father's Name	Father's Cell Phone	Mother's N	lame	Mot	ther's Cell Phone
Father's Employer	Father's Work Phone	Mother's E	Employer	Mot	ther's Work Phone
Emergency Contact (if parent	ts cannot be reached)	Home Phone		Work/Cell	I Phone
		OOR BAPTIST A New Student nrollment Form (e)	For Office U Entry Date Paid
Student Name (Last, First, Mid	Elementary Er Date/	New Student nrollment Form (1 st -6 th grad	e)	Entry Date
Student Name (Last, First, Mir Address (Street, City, State, Zi	Elementary Er Date/_	New Student nrollment Form (1 st -6 th grad Grade	e)	Entry Date Paid 🔲
Address (Street, City, State, Zi	Elementary Er Date/_	New Student nrollment Form (1 st -6 th grad Grade E-n	e) - nail Addre	Entry Date Paid 🔲
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Address (Street, City, State, Zi	Elementary Er Date/ ddle) ip) Sex	New Student nrollment Form (/ / Birth Date	1 st -6 th grad Grade E-n Race (Wh	e) nail Addre	Entry Date Paid Paid

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 S STATEMENT OF	STATEMENT OF COOPER COOPERATION	ATION BELOW, THEN SIGN		
In making application for my child, I desire him to complete the control is to make no refunds or transfers on registration fees, and the 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 harmless for any and all liability that Ambassador Baptist Academy including transportation to and from a Parent's Signature In the event that an Ambassador Baptist photographer or videographer or videographer.	hat should I remove or trans Ambassador Baptist Acade may result from my child at said activities. Da	sfer my child after the school year has my. I further agree to indemnify and hold tending or participating in all activities of		
group, I give permission for my child's picture to be used in future b Academy.	rochures, DVDs or other pu	blications of Ambassador Baptist		
Parent's Signature	Da	ite		
Name of person(s) authorized to take child (other than parents) Name of person(s) authorized to take child (other than parents)	Relationship Relationship	Phone		
Physician's Name	Physician's Phone			
Health Problems/Learning Disabilities (if any)				
Church you now attend	Pastor's l	Name		
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