

**AMBASSADOR BAPTIST ACADEMY**  
New Student  
Jr./Sr. High (7<sup>th</sup>-12<sup>th</sup> grade) School Enrollment Form  
Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade \_\_\_\_

For Office Use Only
Entry Date Paid <input type="checkbox"/> _____

\_\_\_\_\_  
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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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
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**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 \_\_\_\_\_

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