

Northeast Baptist School

Train up a child in the way he should go... Proverbs 22:6

5225 I-20 Service Road
West Monroe, LA 71292
(318) 325-2077

Staple a recent family photo or an individual student photo here.

SSN: _____

Student Application

____ Records Request ____ SS Card
____ Immunization Record
____ Birth Certificate

(Please Print)

Applying for Grade _____ to enter _____
(mmddyy)

I. Student Information

Last Name _____ First _____ Middle _____

Address _____ City _____ State _____ Zip _____

Phone _____ Birthdate _____ Birthplace _____

Present Age _____ Sex _____ Height _____ Weight _____ Eye Color _____

Church Member _____ (Yes) _____ (No) Church Name _____ City _____

Last School Attended _____ School Fax _____

Address _____ City _____ State _____ Zip _____

School Phone _____ Grade Completed or Presently Enrolled _____

Is applicant in good standing and eligible to remain or return to present school _____ (Yes) _____ (No)

II. Family Information

____ Father Name _____ Living with Child _____ (yes) _____ (no)
____ Stepfather Home Address _____ Deceased _____ Divorced _____
____ Guardian Home Phone _____ Cell Phone _____
Employer _____ Work Phone _____
Church Membership: _____ City _____

____ Mother Name _____ Living with Child _____ (yes) _____ (no)
____ Stepmother Home Address _____ Deceased _____ Divorced _____
____ Guardian Home Phone _____ Cell Phone _____
Employer _____ Work Phone _____
Church Membership: _____ City _____

Mail from NBS should be sent to: ____ Mother ____ Father ____ Guardian
(check all that apply)

Child's name _____

Family Information (continued)

Names of Brothers/Sisters

Birthdates

_____	_____
_____	_____
_____	_____

III. General Student Information

If you answer *Yes* to any of the questions below, please give full particulars on a separate sheet of paper and attach to this application.

Has your child...

YES	NO	
_____	_____	Repeated a grade in school?
_____	_____	Attended a summer school program?
_____	_____	Had disciplinary difficulties at school?
_____	_____	Been suspended from school?
_____	_____	Been expelled from school?
_____	_____	Had excessive absences from school?
_____	_____	Been diagnosed with a special learning problem?
_____	_____	Been diagnosed as having ADD or ADHD?
_____	_____	Been involved with drinking alcohol?
_____	_____	Been involved with taking or selling any type of illegal drugs?
_____	_____	Been admitted to any type of mental health or juvenile program?

If your child has other special concerns, problems, or abilities of which the school should be aware, please explain on a separate sheet of paper.

IV. Student References (give at least three)

Former Teacher:	_____	Phone: _____
Former Principal:	_____	Phone: _____
Sunday School Teacher:	_____	Phone: _____
Pastor:	_____	Phone: _____
Other:	_____	Phone: _____

How did you learn of Northeast Baptist School? _____

V. Medical History

Has your child had...	YES	NO		YES	NO		YES	NO
AIDS/HIV			Depression			Mental Disease		
Anemia			Diabetes			Pneumonia		
Anxiety			Glandular Disease			Rheumatic Fever		
Appendicitis			Heart Disease			Scarlet Fever		
Arthritis			Hepatitis			Sinus Trouble		
Asthma			Kidney Trouble			Thyroid Trouble		
Cerebral Palsy			Malaria			Tuberculosis		
Chicken Pox			Measles/Rubella			Typhoid Fever		
Colitis			Meningitis			Ulcers		
Convulsions/Seizures			Mononucleosis			Vertigo (dizziness)		

Circle the following symptoms that have been serious or frequent: Boils Bloody Sputum Chest Pain

Chronic Cough Colds Constipation Earaches Headache/Migraine Hoarseness Indigestion Jaundice
 Nausea Nervousness Night Sweats Rapid Heartbeat Shortness of Breath Skin Trouble Sore Mouth
 Sore Throat Sweating of Hands/Feet Swelling of Hands/Feet Urinary Symptoms

Has your child ever.....	YES	NO	If YES, explain below
Been unable to attend school because of health?			
Been unable to take physical education or participate in sports because of health?			
Been hospitalized for mental or nervous disorder?			
Had any serious illness, injury, or operation not listed above?			

Has your child had a professional....	YES	NO	Doctor's name	Date
VISION Exam				
HEARING Exam				
PHYSICAL Exam				
DENTAL Exam				

Does your child wear glasses? _____ hearing aid? _____

If your child has any unique health problems, please explain here or on a separate sheet of paper. _____

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Statement of Cooperation

In making application on my child, _____ (child's name), it is my desire to have them complete the school year _____—_____. I understand that the policy of Northeast Baptist School is to make no refunds of registration fees.

I pledge my support to the school and its teachers in all matters. I support the school's stand on discipline and will also support the administration and teachers in this matter.

I further understand that should I choose the monthly payment plan for tuition, payments are due on the first of the month beginning on August 1st and ending on May 1st. A late fee of \$35.00 per child will be added to payments made after the 10th of the month. **Should tuition payments fall 30 days behind, I understand that students will no longer be allowed to attend classes until satisfactory arrangements are made to bring the account up to date.**

I also give permission for my child to take part in all school activities and school-sponsored trips, and absolve the school from liability to me or my child at school and during any school activity. Northeast Baptist School's doctrinal belief is that the Holy Bible is God's Word without ANY error. Our Bible classes present their lessons based on the New International Version and the King James Version of the Scriptures. If or when interpretation of Scripture is needed, the Southern Baptist doctrinal position shall be our guide.

I have read the student handbook and will cooperate with the school to follow its procedures.

Signature _____

Signature _____

Father or Guardian

Mother or Guardian