



# Application

## STUDENT INFORMATION

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STUDENT'S NAME \_\_\_\_\_  
LAST FIRST MIDDLE

HOME ADDRESS \_\_\_\_\_  
STREET CITY ZIP CODE

DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_ GENDER \_\_\_\_\_ GRADE ENTERING \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_ STUDENT'S CELL PHONE \_\_\_\_\_

STUDENT'S EMAIL ADDRESS \_\_\_\_\_

SCHOOL LAST ATTENDED \_\_\_\_\_

SCHOOL ADDRESS \_\_\_\_\_  
STREET CITY ZIP CODE

## FAMILY INFORMATION

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FATHER'S/GUARDIAN'S NAME \_\_\_\_\_  
LAST FIRST MIDDLE

HOME ADDRESS \_\_\_\_\_  
STREET CITY ZIP CODE

CELL PHONE \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

OCCUPATION \_\_\_\_\_ EMPLOYER \_\_\_\_\_

MOTHER'S/GUARDIAN'S NAME \_\_\_\_\_  
LAST FIRST MIDDLE

HOME ADDRESS \_\_\_\_\_  
STREET CITY ZIP CODE

CELL PHONE \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

OCCUPATION \_\_\_\_\_ EMPLOYER \_\_\_\_\_

### MARITAL STATUS

MARRIED \_\_\_\_\_ LIVING TOGETHER \_\_\_\_\_ DIVORCED \_\_\_\_\_ WIDOW \_\_\_\_\_ WIDOWER \_\_\_\_\_ SINGLE \_\_\_\_\_



**IN CASE OF EMERGENCY (IF PARENTS UNAVAILABLE) CALL:**

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

CELL PHONE \_\_\_\_\_ HOME PHONE \_\_\_\_\_

BUSINESS PHONE \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

CELL PHONE \_\_\_\_\_ HOME PHONE \_\_\_\_\_

BUSINESS PHONE \_\_\_\_\_

**RELIGIOUS INFORMATION**

Are you currently active in a church? Yes\_\_\_ No\_\_\_

CHURCH NAME \_\_\_\_\_

CHURCH ADDRESS \_\_\_\_\_

STREET

CITY

COUNTY

ZIP CODE

PASTOR \_\_\_\_\_

FATHER/GUARDIAN: Are you a Christian? Yes\_\_\_ No\_\_\_

MOTHER/GUARDIAN: Are you a Christian? Yes\_\_\_ No\_\_\_

Has student ever made a profession of faith in Christ? Yes\_\_\_ No\_\_\_



## SCHOLASTIC INFORMATION

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**Has student ever been expelled, dismissed, suspended or refused admission to another school?**

Yes \_\_\_ No \_\_\_ If yes, please explain \_\_\_\_\_

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**Has student ever had disciplinary difficulties?**

Yes \_\_\_ No \_\_\_ If yes, please explain \_\_\_\_\_

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**Please indicate academic level of student's previous work:** Excellent \_\_\_ Good \_\_\_ Average \_\_\_ Poor \_\_\_

N/A \_\_\_

**Has student ever failed in school?**

Yes \_\_\_ No \_\_\_ If yes, please explain \_\_\_\_\_

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## NONDISCRIMINATION POLICY

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Grace Baptist Academy admits students of any race, color, and national or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, and national or ethnic origin in administration of its educational policies, admissions policies, and athletic and other school-administered programs. Furthermore, Grace Baptist Academy reserves the right to select students and families on the basis of academic performance, Christian commitment, lifestyle choices, and personal qualifications including a willingness to cooperate with Grace Baptist Academy's administration and policies.



# 2021-22 Tuition and Fees

## REGISTRATION AND TESTING

Registration for first student _____	\$250
Registration for each additional student _____	\$50
Testing for first student _____	\$20
Testing for each additional student _____	\$5

## BOOK FEES

Book fees are due July 1

K-4 _____	\$125
K-5 _____	\$150
1ST THROUGH 12TH _____	\$275

## ADDITIONAL FEES

Sports fee (per sport) _____	\$65
Standard Testing (Grades 1-12) _____	\$150
Graduation Fee (Kindergarten) _____	\$40
Graduation Fee (12 <sup>th</sup> Grade) _____	\$100

## TUITION

	10 Month Plan	Total	12 Month Plan	Total
K-4 through 12th students	\$428.50		\$357	
Second student	\$234.25	\$662.75	\$195.21	\$552.21
Third student	\$160.75	\$523.50	\$133.96	\$686.17
Fourth and consecutive students	\$148.15	\$971.65	\$123.46	\$809.63



## Parent/Guardian Waiver and Indemnity Agreement

I, the parent or guardian of \_\_\_\_\_, give permission for him/her to participate in school-sponsored activities at and away from Grace Baptist Academy. I will inform the school by written request should I choose to keep my child from any activity or trip.

I authorize the representative of the school complete medical guardianship of my child in case of an accident or emergency. The representative of Grace Baptist Academy is authorized to have \_\_\_\_\_ treated and given medical attention that is needed for his/her well-being.

The family doctor is \_\_\_\_\_, phone number: \_\_\_\_\_

The recommended hospital is \_\_\_\_\_. Otherwise, I give authority for the representative to make the choice of doctor and hospital.

I hereby for myself, my heirs, executors, and administrators waive and release Grace Baptist Academy and any representatives, employees, agents, successors of the school from any liability or responsibility for injuries, damages or expenses that may occur to my child arising from any school activity, and I agree to indemnify and save harmless Grace Baptist Academy and any representative of the school against any such claim for injuries, damages or expenses made by or on behalf of my child.

PARENT'S/GUARDIAN'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Do you carry health insurance on the student? Yes \_\_\_ No \_\_\_

Name of Insurance Company \_\_\_\_\_ Policy No. \_\_\_\_\_

Does the student have any physical problems of a medical nature or allergies to medicines? Yes \_\_\_ No \_\_\_

If yes, please list all known medicines \_\_\_\_\_

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# Request for Records

FORMER SCHOOL \_\_\_\_\_

ADDRESS \_\_\_\_\_

STREET

CITY

COUNTY

ZIP CODE

STUDENT'S NAME \_\_\_\_\_

LAST

FIRST

MIDDLE

DATE OF BIRTH \_\_\_\_\_

I hereby authorize the cumulative permanent record folder for the above-named student, including transcripts of past academic records, grades earned during the current year to date, record of attendance, medical and immunization records, standardized tests, and any other pertinent information available to be released and sent to the following address:

GRACE BAPTIST ACADEMY  
5000 Leo Kerner/Laffite Pkwy  
Marrero, LA 70072

PARENT'S/GUARDIAN'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

OFFICE USE ONLY:

Date mailed to former school: \_\_\_\_\_

Records received by: \_\_\_\_\_

Date \_\_\_\_\_



# Medical Record/Release

STUDENT'S NAME \_\_\_\_\_  
LAST FIRST MIDDLE

Please list any present or on-going medical conditions your child has (i.e., heart ailments, diabetes, allergies, convulsions, etc.)

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Please list any medications for which your child has an allergy. \_\_\_\_\_

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Please list any medications which your child is now taking. \_\_\_\_\_

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Does your child need to wear a Medic-Alert Tag for a special medical condition?

Yes \_\_\_ No \_\_\_ If yes, please define \_\_\_\_\_

I, the parent/guardian of \_\_\_\_\_ give medical release and permission to  
Grace Baptist Academy for security emergency medical care by qualified medical personnel for my child.

PARENT'S/GUARDIAN'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



## Medical Information

I, \_\_\_\_\_, give Grace Baptist Academy permission to administer medication to \_\_\_\_\_ as needed and deemed necessary by his/her teacher. I understand that medication must be turned in to the school office and will be kept for my child's use. I have listed below the medications I will provide that may be taken by my child. I will also list any known allergies that will severely affect my child.

PARENT'S/GUARDIAN'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

### Medications to be administered

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Over-the-counter medications (Tylenol, ibuprofen, Pepto Bismol, cortisone cream) will be available to students should the staff have parental consent and believe that a student is in need of such medication.

Please check your preference:

\_\_\_\_\_ Please inform me each time my child receives medication. (An email will be sent home.)

\_\_\_\_\_ Please administer medicine as deemed necessary by the staff.

\_\_\_\_\_ DO NOT administer any medication to my child without first obtaining verbal permission.

**If any prescriptive medicine must be administered, please notify your child's teacher and turn in written directions to the school office.**





## Discipline Form

Some children do not adjust to a disciplined academic environment and find excuses to criticize the policies and decisions of staff and administration. In such cases, the school reserves the right to have full discretion in the discipline of every student, to place such students on probation for a reasonable corrective period of time, and to dismiss any student who does not cooperate with the total educational process.

### **PARENT PLEDGE:**

**I realize that from time-to-time children take issue with actions that they do not agree with and that they are prone to criticize statements out of context. This being normal for children, I pledge that should such occur, I will not support the criticism, that I will correct my child, support the school personnel, and call for full details at any time I have a question concerning an incident.**

**I further realize that building strong relationships with my child's supervisor to aid in the training of my child is as much my responsibility as it is the school's, and that I will pray for the staff and program, cooperate with them in discipline accepting their judgment in such matters, lay a spiritual foundation through Godly example in the home, support the spiritual training of chapel, revivals, etc., follow through with any work assignments or slips to be signed, see that the children reach school on time, phone or send written excuses for absence or tardiness, cooperate in training the children to respect school property and pay for irregular abuse of the same, attend all parent functions, and assist in publicizing the school and its programs among friends.**

**I realize that attending Grace Baptist Academy is a privilege and not a right. It is my intention to abide by the decisions and support the discipline of the administration.**

**PARENT'S/GUARDIAN'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_**



## Pick Up List

If your child is to be picked up by anyone besides a parent/guardian, please list the names of approved people. If your child needs to be picked up by someone other than those on the list, please send written permission with your child. If your child is in a carpool, list all students who will be together.

No student should arrive before 8:15 a.m., and all students should be picked up by 3:30 p.m. unless arrangements are made for after school care.

**STUDENT'S NAME** \_\_\_\_\_

List of approved people to pick up your child(ren):

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

CELL PHONE \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

CELL PHONE \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

CELL PHONE \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

**CARPPOOL STUDENTS:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# Handbook Agreement

I agree to insist that my child submit to the program, academic and disciplinary regulations, and all other requirements instituted by the administration in the Admissions Packet and Student Handbook and carried out by the principal, faculty, and staff.

PARENT'S/GUARDIAN'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

STUDENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(7th grade and above)