



GATEWAY BAPTIST ACADEMY

Application Form

Student Information

Date _____ School Year 20____-20____

Student Name _____ Phone _____
Last First M.I.

Address _____ City _____ Zip _____

Date of Birth* _____ Place of Birth _____

Last School Attended _____

Address _____ City _____ State _____ Zip _____

Phone _____ Grade Entering Into _____

Family Information

Father _____ Occupation _____

Employer _____ Work Phone _____

Mother _____ Occupation _____

Employer _____ Work Phone _____

Married _____ Separated _____ Divorced _____

Medical Information

Insurance Carrier _____ Policy No. _____

Doctor's Name _____ Doctor's Phone _____

* Please note that if your child is entering into Kindergarten, the child must turn five years old by December 30th of the entering school year, as well as pass the GBA Kindergarten Readiness Test. A certified birth certificate must be presented at the time of registration. All immunizations must also be current.



GATEWAY BAPTIST ACADEMY

Emergency Information Form

School Year 20____ - 20____

Student Name _____ Date _____

In case of an emergency, please contact the following people:

Name _____

Address _____
City State Zip

Phone _____ Relationship _____

Name _____

Address _____
City State Zip

Phone _____ Relationship _____

Name _____

Address _____
City State Zip

Phone _____ Relationship _____



GATEWAY BAPTIST ACADEMY Emergency Medical Form

Date _____ School Year 20____-20____

Student Name _____ Grade _____ DOB _____
 L Last First M.I.

Address _____ Phone _____
 City State Zip

Father/Guardian Name _____ Work Phone _____

Mother/Guardian Name _____ Work Phone _____

IN CASE OF EMERGENCY: Names of persons who could assume temporary responsibility.

Local Friend or Relative _____ Phone _____

Local Friend or Relative _____ Phone _____

Local Friend or Relative _____ Phone _____

1. Specify health problems/allergies _____
2. Is your child on daily medication? Yes _____ No _____ Specify _____
3. Recent surgery, accident or illness (past year) _____

I, the undersigned parent/guardian, give my consent for the above named child to be released to me or my spouse or to the friend/relative I have designated and/or to be taken by ambulance to the nearest hospital in case of an emergency.

I understand that **Gateway Baptist Academy does not provide accident medical/dental coverage for students** for injuries/illnesses occurring at school. I understand that I may voluntarily purchase a student accident insurance plan.

I further acknowledge that I am financially responsible for any medical, dental, ambulance, or other health care expenses or transportation of my child home, which might occur as a result of such illness or injury.

Signature of Parent/Guardian _____ Date _____

Acetaminophen (aspirin substitute) permission for JUNIOR HIGH and HIGH SCHOOL STUDENT ONLY. To be given only at the administration's discretion.

Signature of Parent/Guardian _____

TREATMENT IN THE EMERGENCY ROOM WILL REQUIRE YOUR PRESENCE.

THIS IS A LEGAL DOCUMENT



GATEWAY BAPTIST ACADEMY

Goals & Expectations Form

Our Goal

To lead students to receive Jesus Christ as Lord and Saviour, assist Christian parents to provide a Christian education for their children, and provide an opportunity for each student to develop spiritually, morally, intellectually, physically, and socially in the light of the inspired Word of God.

Evaluation and Grading System

1. A progress report will be received in the middle of every quarter.
2. A report card will be received at the end of every quarter.
3. A parent signature is required on any test or quiz with a grade of C- (72%) or lower (1st-12th grades).
4. A parent signature is required on the weekly envelopes that will be sent home which contains the student's test and quizzes (1st-12th grades).

Grading Scale	
A =	91-100
B =	81-90
C =	71-80
D =	66-70
F =	0-65

Student Behavior Expectations

1. Follow directions the first time.
2. Show respect for people in authority (Pastor, teachers, volunteers, etc.)
3. Keep hands, feet, and objects to yourself.
4. Never leave the room without the teacher's permission.

I have read the student expectations above, and I understand what will be expected of my child. I will see that my child does come to school each day and does the homework as assigned.

Parent/Guardian's Signature _____ Date _____

I have read the expectations outlined above, and I understand what will be expected of me.

Teacher's Signature _____ Date _____

Parent/Guardian's Signature _____ Date _____



GATEWAY BAPTIST ACADEMY

Tuition Agreement Form

School Year 20____ - 20____

Tuition Rates

Tuition is \$2000 (\$1600 for kindergarten) per child per school year. This figure does not include application fee, book fee, and any other fee that may arise. Tuition can be paid in ten (10) equal installments. The first payment is due on August 1st, and the last is due on May 1st. The grace period for overdue tuition ends on the 10th day of the month in which payment is due, and post-dated checks cannot be accepted. A late fee of \$20.00 is added to any late payment. For more information on this subject, please refer to the *Admission and Finance* section of the GBA Handbook, pages 12-13.

Understand that no bill will be sent for regular monthly tuition payments, unless it is requested. All statements for other fees received from GBA are due and payable upon receipt.

Parent's Name _____

Students Attending

Tuition

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Total Tuition \$ _____

Monthly Payment \$ _____

Please remember that tuition payments are due on the 1st of each month beginning August 1st and ending May 1st.

Parent/Guardian Signature _____

School Administrator Signature _____

Business Manager Signature _____



GATEWAY BAPTIST ACADEMY

Student Transportation Pick-up Form

School Year 20____ - 20____

This form is to assure you that your child is going to be picked up and taken home by someone **of whom you would approve. Only the people listed below are allowed to pick up your child.** If for some reason you are not able to come pick up your child, please send a written note with him/her to school stating who you would have to pick him/her up. This note is only valid that one time, unless otherwise stated. In the event of an emergency, and you do not have time to write a note, we will ask for a password that will only be confidential between you and the faculty. This password must be given to the faculty in order for them to release the child. Please do not share this password with your child. But as much as possible, we would like to have a written note to keep in our files.

Please know that we are concerned about every students' safety, and we will do all that we can to make sure that they are well cared for. This form is for your own child's safety. Please complete this form and submit it to us no later than the first day of school. Thank you.

Student's Name _____ Password _____

Person/s Authorized to Take This student Home

NAME

PHONE

Parent/Guardian's Signature _____

Date _____

This document was created with Win2PDF available at <http://www.win2pdf.com>.
The unregistered version of Win2PDF is for evaluation or non-commercial use only.
This page will not be added after purchasing Win2PDF.