



GATEWAY BAPTIST ACADEMY
Application Form 20__ - 20__

Student Enrolling Date _____

Student Name _____
Last First M.I.

Entering Grade _____ Gender: Male/Female Race/Ethnicity: _____

Date of Birth* _____ Place of Birth _____
Month/Day/Year City/State

* 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.

Family Information

Home Address _____
Street City State Zip

Home Phone _____ Is this a cell #? ___ Yes ___ No Receive Texts? ___ Yes ___ No

Father _____ Cell _____ Email _____
Last First M.I.

Employer _____ Work Phone _____

Mother _____ Cell _____ Email _____
Last First Maiden

Employer _____ Work Phone _____

Marital Status: ___ Married ___ Separated ___ Divorced

Siblings not enrolled at GBA:

Name Age Name Age

Name Age Name Age



GATEWAY BAPTIST ACADEMY

Emergency Medical Form 20__ - 20__

Emergency Medical

Student _____ Birthdate _____
Last First M.I.

Specify any health problems/allergies: _____

Is your currently on any daily medications? ___ Yes ___ No Specify: _____

List any recent (past year) surgery, accident or illness _____

Current Medical Exam/Physical on file: _____ Current Immunization Record on file: Y/N
Date

* Please note that a yearly physical in required and a current immunization record must be submitted.

Address _____
Street City State Zip

Contact: Father/Guardian Name _____ Phone _____

Mother/Guardian Name _____ Phone _____

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 _____ Date _____

IN CASE OF EMERGENCY: Names of persons (local) who could assume temporary responsibility:

1. _____
Name Relationship Phone

2. _____
Name Relationship Phone

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 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 _____

TREATMENT IN THE EMERGENCY ROOM WILL REQUIRE YOUR PRESENCE.

Medical Information

Insurance Carrier _____ Policy Number _____

Doctor _____
Doctor's Name Doctor's Phone

THIS IS A LEGAL DOCUMENT

GATEWAY BAPTIST ACADEMY

Parent Statement of Agreement 20__ - 20__

STATEMENT OF PARENTS

(Guardians assume the same responsibility)

We understand the policies and standards of the school and pledge our support of the school and its administration.

1. The school has the right to discipline my child.
2. The school has full discretion for placing my child in the proper grade, regardless of the grade completed prior to transfer to this school.
3. My participation is needed in lending practical help and prayer support in a mutual effort to train our children.
4. The school reserves the right to suspend or dismiss any student who does not cooperate with the educational process.
5. I understand that I will not hold the school responsible for any injury my child may obtain on school property.
6. I understand it is my responsibility to help out at the school throughout the year. (cleaning, set-up, help in classes, field trips, etc.)
7. I understand that my cooperation is expected in regular tuition payments. I understand that monthly payments are due the 1st day of each month with the first tuition payment due August 1st and the last 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 payments. I have read and understand my financial responsibilities as stated in the *Admission and Finance* section of the GBA Handbook, pages 12-13. I 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.
8. I am committed to the doctrinal position and ministry direction of Desert Gateway Baptist Church and all its ministries, including Gateway Baptist Academy.
9. I will be faithful to **ALL** church services and activities unless providentially hindered by illness, work, etc.

I have read the entire Gateway Baptist Academy Handbook, and I will not only abide by the rules and standards, but I will support them.

Signature of Parent/Guardian _____ Date _____

Signature of Parent/Guardian _____ Date _____

Signature of School Administrator _____ Date _____

THIS IS A LEGAL DOCUMENT