



# Family Information

Please begin by listing the information for the child's **PRIMARY** residence, and then provide the information for any other family living situation that the child has.

Home address:

|        |        |          |
|--------|--------|----------|
| _____  | _____  | _____    |
| Number | Street | Apt #    |
| _____  | _____  | _____    |
| City   | State  | Zip Code |

**Mother (or Step-mother) Name:** \_\_\_\_\_

Profession: \_\_\_\_\_ Place of Work: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail Contact: \_\_\_\_\_

Highest Level of Education:    \_\_\_\_\_ high school/GED            \_\_\_\_\_ trade school            \_\_\_\_\_ some college  
   \_\_\_\_\_ 2 year degree            \_\_\_\_\_ 4 year degree            \_\_\_\_\_ graduate degree

**Father (or Step-father) Name:** \_\_\_\_\_

Profession: \_\_\_\_\_ Place of Work: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail Contact: \_\_\_\_\_

Highest Level of Education:    \_\_\_\_\_ high school/GED            \_\_\_\_\_ trade school            \_\_\_\_\_ some college  
   \_\_\_\_\_ 2 year degree            \_\_\_\_\_ 4 year degree            \_\_\_\_\_ graduate degree

Total number of family members living in the student's primary residence: \_\_\_\_\_

Name(s) and age(s) of any siblings living in the home:

| Name  | Age   | School Attending (if any) |
|-------|-------|---------------------------|
| _____ | _____ | _____                     |
| _____ | _____ | _____                     |
| _____ | _____ | _____                     |
| _____ | _____ | _____                     |

Does the student have any other living arrangement, such as a shared custody situation, that is a **SECONDARY** residence? If so, please provide the information here.

Address:

|        |        |          |
|--------|--------|----------|
| _____  | _____  | _____    |
| Number | Street | Apt #    |
| _____  |        |          |
| City   | State  | Zip Code |

**Mother (or Step-mother) Name:** \_\_\_\_\_

Profession: \_\_\_\_\_ Place of Work: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail Contact: \_\_\_\_\_

Highest Level of Education:    \_\_\_\_\_ high school/GED            \_\_\_\_\_ trade school            \_\_\_\_\_ some college  
   \_\_\_\_\_ 2 year degree            \_\_\_\_\_ 4 year degree            \_\_\_\_\_ graduate degree

**Father (or Step-father) Name:** \_\_\_\_\_

Profession: \_\_\_\_\_ Place of Work: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail Contact: \_\_\_\_\_

Highest Level of Education:    \_\_\_\_\_ high school/GED            \_\_\_\_\_ trade school            \_\_\_\_\_ some college  
   \_\_\_\_\_ 2 year degree            \_\_\_\_\_ 4 year degree            \_\_\_\_\_ graduate degree

Because of our participation in some federally funded and state operated programs that require this information, please check the appropriate range to indicate the total gross income for your family. This information will be kept confidential and will not be used for any purpose other than demographic data required for our participation in these programs.

\_\_\_\_\_ Less than \$25,000            \_\_\_\_\_ \$25,001 - \$50,000            \_\_\_\_\_ \$50,001 - \$75,000  
\_\_\_\_\_ \$75,001 - \$100,000            \_\_\_\_\_ \$100,001 - \$125,000            \_\_\_\_\_ Greater than \$125,000

How did you hear about the program at First Baptist School of Laurel?

\_\_\_\_\_ Referred by: \_\_\_\_\_

\_\_\_\_\_ Website

\_\_\_\_\_ Other Internet Source: \_\_\_\_\_

\_\_\_\_\_ Other: \_\_\_\_\_

# Religious Background Information

It is the mission of First Baptist School of Laurel to partner with Christian parents in the education of their children. It is not necessary for a child to have made a profession of faith to Jesus Christ to be considered for enrollment; however it helps our staff and faculty partner with you effectively if we have an idea of your family's religious background. Thank you in advance for your answers to these questions.

Please briefly state the reason for your desire to have your child attend Christian school.

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What church membership does your family hold? \_\_\_\_\_

Do you attend church and/or Sunday School regularly? \_\_\_\_\_ Mother \_\_\_\_\_ Father

Does the student seeking admission attend regularly? \_\_\_\_\_ Sunday School \_\_\_\_\_ Church \_\_\_\_\_ Christian Youth  
Activities

Would you consider your family "active" members of this congregation? \_\_\_\_\_ Yes \_\_\_\_\_ Not really

Do you serve in any capacity/ministry? \_\_\_\_\_ If yes, what do you do? \_\_\_\_\_

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To the best of your knowledge, has the student seeking admission made a profession of faith in Jesus Christ? \_\_\_\_\_

If yes, when was the profession made? \_\_\_\_\_

Listed here for your reference is the **Statement of Faith** for First Baptist School of Laurel. Please read it and respond to the question following it.

1. We believe the Bible to be inspired, infallible, authoritative, inerrant Word of God (2 Timothy 3:16, 2 Peter 1:21)
2. We believe there is one God, eternally existent in three persons, Father, Son, and Holy Spirit (Genesis 1:1, Matthew 28:19, John 10:30)
3. We believe in:
  - The deity of Christ (John 10:33)
  - His virgin birth (Isaiah 7:14, Matthew 1:23, Luke 1:35)
  - His sinless life (Hebrews 4:15)
  - His miraculous power (John 2:11)
  - His vicarious and atoning death (1 Corinthians 15:3, Ephesians 1:7)
  - His resurrection (John 11:25, 1 Corinthians 15:4)
  - His ascension to the right hand of God (Mark 16:19)
  - His personal return in power and glory (Acts 1:11, Revelation 19:11)
4. We believe in the absolute necessity of regeneration by the Holy Spirit for salvation because of the exceeding sinfulness of human nature, and that we are justified on the single ground of faith in the shed blood of Christ, provided solely by God's unmerited grace, and apart from any works of our own (John 3:16-19, Romans 3:23, Romans 5:8, Titus 3:15)
5. We believe in the resurrection of both the saved and the lost, and the final judgment of all humanity (John 5:28-29)
6. We believe in the spiritual unity of believers in our Lord Jesus Christ, that we form the family of God (Romans 8:9, 1 Corinthians 12:12-13)
7. We believe in the present ministry of the Holy Spirit by whose indwelling the Christian is able to live a godly life (Romans 8:13-14, 1 Corinthians 3:16, Ephesians 4:30)

Do you agree with and can you fully support this Statement of Faith if your child is selected for admission to First Baptist School of Laurel? \_\_\_\_\_ Yes \_\_\_\_\_ No (If no, please explain in the space below.)

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## Academic/Developmental Information

Did your child reach developmental milestones, such as walking, talking, and toileting within the timeframe suggested by most pediatricians? \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, please comment on any delays: \_\_\_\_\_

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At what age could your child completely toilet him/herself, including wiping? \_\_\_\_\_

At what age could your child begin to express his/her needs with intelligible speech? \_\_\_\_\_

Would you say that your child learns new things \_\_\_\_\_ easily, \_\_\_\_\_ with some difficulty, \_\_\_\_\_ with great difficulty?

How eager is your child to learn new things? \_\_\_\_\_ Very eager, \_\_\_\_\_ Somewhat eager, \_\_\_\_\_ Not at all eager

Can your child do any of the following: \_\_\_\_\_ hold a pencil/crayon? \_\_\_\_\_ cut with scissors?

\_\_\_\_\_ identify any letters of the alphabet? \_\_\_\_\_ write his/her name? \_\_\_\_\_ identify colors?

Has a pediatrician or other medical professional suggested that you have your child tested for learning or attention disorders, including speech/language/articulation? \_\_\_\_\_ Yes \_\_\_\_\_ No

Does your child have a diagnosed disorder? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, what is the diagnosis? \_\_\_\_\_

Does this diagnosis require medication to be taken on a daily basis? \_\_\_\_\_ Yes \_\_\_\_\_ No

Does your child have or qualify for an IEP from a public school due to being identified with a learning disability, including speech, language, and/or articulation disorders? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, is it your intent to begin special education services while your child is enrolled in First Baptist School? \_\_\_\_\_ Yes \_\_\_\_\_ No

Does your child have any physical limitations or need for modification to the \_\_\_\_\_ Yes \_\_\_\_\_ No  
general learning environment in order to accommodate his or her full  
participation? (i.e.: loss of hearing or vision, need for wheelchair access, etc.)  
If so, please describe in the space on the following page the nature of the  
limitations and the modification needed.

Is there any other information you can share about your child that would be helpful for his/her teachers in working with  
your child? Please detail that information below.

By completing and signing this application for admission to First Baptist School of Laurel, I am expressing my intent for  
my child to proceed through the registration and enrollment process. I will provide the school with any and all required  
documentation before my child can begin attendance, including a complete immunization record, lead screening test  
results, a copy of my child's birth certificate, and a doctor's evaluation of my child's general health. The processing fee I  
am paying to secure an interview in First Baptist School for my child is non-refundable. Upon acceptance, I will be  
required to pay a non-refundable registration fee, which will secure my child a space in First Baptist School of Laurel for  
the 2010-2011 school year.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date of Application

## For Administrative Use Only:

Date Application Received: \_\_\_\_\_

Date of Academic Assessment: \_\_\_\_\_

Date of Family Interview: \_\_\_\_\_

Date Registration Fee Received: \_\_\_\_\_

Date Book Fee Received: \_\_\_\_\_

Notes from Interview/Assessment:

Admission Decision: \_\_\_\_\_ Admit      Grade Level: \_\_\_\_\_

\_\_\_\_\_ Decline      Reason: \_\_\_\_\_

\_\_\_\_\_  
Administrator/Designee Signature

\_\_\_\_\_  
Date