



Reason for leaving last school attended: \_\_\_\_\_

Has any grade been repeated?  yes  no If yes, which one(s)? \_\_\_\_\_

Reason \_\_\_\_\_

Has applicant been suspended or expelled from school?  yes  no If yes, please explain:

\_\_\_\_\_

Has applicant ever been enrolled in a learning disability class?  yes  no

If yes, which grades: \_\_\_\_\_

Has applicant been tested for ADD, ADHD, Dyslexia, etc. or prescribed with medication for such diagnosis?  yes  no If yes, please explain: \_\_\_\_\_

Is applicant currently taking any long-term prescription medications?  yes  no

If yes, please list: \_\_\_\_\_

Explain any special medical or physical information or instructions that the school should be aware of:

## FAMILY

\_\_\_\_\_  
Father's name: \_\_\_\_\_ Employer(s): \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Social: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Employer(s): \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Social: \_\_\_\_\_

Please notify in case of emergency (name other than parent): \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_

Does applicant currently live with natural parents?  yes  no

If no, please explain the situation as it now exists: \_\_\_\_\_

Names of siblings:	Age:	Grade:	Name of School:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## STATEMENT OF ACKNOWLEDGEMENT

- By registering at Elmwood Baptist Academy, it is my intention to have my child complete the entire school year.
- It is my understanding that registration, curriculum charges, and fees are non-refundable and non-transferable.
- I agree to pay all fees, including tuition, lunches, after-care, athletics, etc. that are incurred throughout the year.
- I agree to pay all collection costs, including necessary legal fees, involved in collecting delinquent accounts.
- I absolve the school from liability to me or to my child because of injury to my child at school or during any school-sponsored activity.
- I authorize Elmwood Baptist Academy to seek the services of a licensed, practicing physician should an emergency arise and a parent/guardian cannot be reached.
- I hereby release Elmwood Baptist Church & Academy from any liability, which might result from such emergency treatment.
- I agree to encourage my child in learning all phases of the curriculum.
- I acknowledge that I have received a copy of the Parental Agreement Form, that I understand its content, and that I agree to follow the guidelines contained therein.
- I have read the entire Academy handbook and agree to abide by the rules and regulations contained therein.

Signature of parent or guardian: \_\_\_\_\_ Date: \_\_\_\_\_

# FINANCIAL INFORMATION

*Elmwood Baptist Academy's annual budget is dependent upon student tuition and gifts for operating expenses. All contributions are tax deductible. Tuition payments are not deductible.*

EBA appreciates your desire for your children to continue their education with us. Please contact the school office with any questions concerning financial information.

## REGISTRATION FEES (NON-REFUNDABLE):

\$ 75.00/student

## PAYMENT PLANS:

PLAN A: 10 MONTH PLAN (BEGINNING AUGUST 1ST AND ENDING MAY 1ST)					
	2'S AND 3'S	K4 AND K5	1ST-3RD	4TH-8TH	9TH-12TH
1st Child	\$434	\$314	\$314	\$334*	\$344**
2nd Child	\$434	\$264	\$264	\$284*	\$294**
3rd Child	\$434	\$214	\$214	\$234*	\$244**
4th Child +	\$434	\$40	\$40	\$45*	\$50**

PLAN B: 12 MONTH PLAN (BEGINNING JUNE 1ST AND ENDING MAY 1ST)					
	2'S AND 3'S	K4 AND K5	1ST-3RD	4TH-8TH	9TH-12TH
1st Child	\$364	\$264	\$264	\$280*	\$289**
2nd Child	\$364	\$220	\$220	\$239*	\$245**
3rd Child	\$364	\$179	\$179	\$195*	\$205**
4th Child +	\$364	\$34	\$34	\$39	\$42**

## PLAN C: SINGLE PAYMENT (TOTAL TUITION PAID IN FULL BY AUGUST 31ST)

Please select which payment plan you will use:

- Plan A: 10 month plan     
  B: 12 month plan     
  C: One single payment

Unpaid balances will be assessed a 5% late fee on the 5th of each month. If unpaid balances are not paid by the 15th of the month, the student will be considered withdrawn, unless prior arrangements have been approved through the Principal's Office.

Please complete and return to school office.

Date: \_\_\_\_\_ Student Name: \_\_\_\_\_

Print Parent's Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

*\*Price includes 6 core subjects, plus Bible class and computers. Each additional subject will be billed at \$4.00 per PACE or \$48.00 for an elective subject.*

*\*\*Price includes up to 7 core subjects plus Bible class and computers. Each additional subject will be billed at \$4.00 per PACE or \$48.00 per additional subject.*

# IMMUNIZATION AND HEALTH

## HEALTH FORMS AND CERTIFICATE OF IMMUNIZATION:

Colorado School Entry Immunizations Law {DRS 1998, 25-4} requires that all children have proof of immunization or exemption\* prior to school enrollment or a health card signed by parents if exemption is needed.

It will be necessary to bring your student's health reports as stated above to the office prior to the first day of school. No child may be admitted to class until this is completed as required by law.

No staff member will be allowed to administer any medicines without parent authorization in writing by a physician. The medicine must be properly labeled and if we don't receive written authorization, it will be necessary for you to stop by and personally give the medicine. All medicines must be kept and administered at the school office.

NOTE: Teachers cannot be held responsible for carrying out these duties.

## STATEMENT OF ACKNOWLEDGEMENT

- I have read and agree with the Immunization and Health Policy of Elmwood Baptist Academy.
- I will provide an up to date immunization record to the school office prior to the 1st day of school.
- I will keep my child's immunizations up to date, if necessary, throughout the school year.

Signature of parent or guardian: \_\_\_\_\_ Date: \_\_\_\_\_

\*If you have chosen to exempt your children from immunization, you must complete the required form. Forms are available in the school office.

# PARENTAL AGREEMENT

## STATEMENT OF FAITH

\_\_\_\_\_ We have read and understand the Statement of Faith of the Elmwood Baptist Church and its ministries. We accept fully the Statement of Faith and subscribe to the same.

## CHURCH ATTENDANCE

\_\_\_\_\_ Understanding the vital importance of the church and it's place in Christian education, we agree to have our child/children in a Bible-believing church each week unless providentially hindered.

## FINANCIAL OBLIGATION

\_\_\_\_\_ We have read and understand the financial policies and know the cost of enrolling our child/children in Elmwood Baptist Academy. We accept responsibility for registration, curriculum fees, tuition, school uniforms and any extracurricular fees that may be incurred during the school year.

\_\_\_\_\_ We agree to pay any and all late fees and collection costs associated with our failure to pay the obligations in a timely manner.

## HANDBOOK

\_\_\_\_\_ We have read the Elmwood Baptist Academy Handbook and understand that we are responsible for helping our child/children follow school policies as outlined therein.

## AGREEMENTS

\_\_\_\_\_ We hereby place our confidence in the ability of the administration and staff of Elmwood Baptist Academy to perform the educational and spiritual training due to my child at their discretion.

\_\_\_\_\_ We hereby state that we have made a thorough investigation of the curriculum, texts, statements of faith, equipment, methods, testing, counseling, discipline and motives of the school, and do pledge to make them the choice for my child for the coming school year.

\_\_\_\_\_ We agree to accept all regulations of the school in the applicant's behalf, and give permission for our child's teacher and/or other staff member of the school to make and enforce school regulations in a manner consistent with principles and discipline as set forth in the Scriptures, for the improvement of behavior and the development of the character of our child.

\_\_\_\_\_ We pledge to build strong relations with our child's teachers and supervisors, and aid in their training of our child through Godly example in the home, supporting the spiritual training of the school, following through with any work assignment, seeing that our child reaches school on time, sending written excuses for absences and tardiness, cooperating in training our child to respect school property and attending parent-teacher meetings.

\_\_\_\_\_ We realize that occasionally children take issue with actions that they do not agree with, and that they are prone to criticize statements out of context. We pledge that should such action occur, we will not support the criticism, that we will correct our child, support the school personnel, and call for full discussion of details at any time we have question regarding the incident.

\_\_\_\_\_ We give permission for our child to take part in all school activities, including school sponsored trips away from the premises.

\_\_\_\_\_ We absolve the school and its staff members from any liability to us or our child because of injury to our child at school or during any school activity.

\_\_\_\_\_ We consent to allow pictures of our child to be taken at school to be used for publicity purposes, without claiming any compensation.

\_\_\_\_\_ We understand that the school reserves the right to expel our child if we fail to comply with the established regulations and discipline, or our financial obligations.

\_\_\_\_\_ We pledge to abide by the belief that Christians are prohibited from bringing civil lawsuits against other Christians, the school or church to resolve personal disputes.

\_\_\_\_\_ We commit to pray for the school each day.

### SPECIAL MEETINGS

\_\_\_\_\_ We agree to attend the following special meetings: Parent Orientation and Open House; Parent/Teacher Conferences; Sports Banquets; Parent Nights; and End of School Awards Service/Graduation

Signature of parent or guardian: \_\_\_\_\_ Date: \_\_\_\_\_

# FIELD TRIP WAIVER

I hereby certify that my child has permission to participate in all school sponsored field trips.

I recognize that there are risks involved in participating in such activities and hereby assume all risk of injury, harm, damage, or death in connection with my participation and my child's participation in such activities.

I understand and agree that neither Elmwood Baptist Church and Academy, nor its trustees, officers, directors, employees, agents or representatives may be held liable in any way for any injury, harm, damage, or death that may occur to me as a result of my participation in such activities and hereby release Elmwood Baptist Church and Academy, its trustees, officers, directors, employees, agents and representatives from any injury, harm, damage or death, which may occur while I am participating in the activities.

To the fullest extent permitted by law, I agree to save and hold harmless Elmwood Baptist Church and Academy, its trustees, officers, directors, employees, agents and representatives from any claim by myself, my estate, heirs, successors, assigns or other persons arising out of my participation in the activities.

I agree and do hereby release and discharge any teacher, employee, or other persons engaged in the activity described above, from all claims, present and future, known, or unknown, in any manner arising out of the above described activity.

I further understand and agree that this release shall hold any teacher, employee, or other person engaged in the above described activity, harmless from any and all liability relating to my son/daughter.

I agree to hold them harmless from any loss of property by my son/daughter that may occur during the above described activity.

It is understood that no child will be allowed to participate in this activity until this form is signed by his/her parent or guardian.

I understand and acknowledge that Elmwood Baptist Church and Academy does not provide health or medical insurance in connection with such activities and I agree that I will be financially responsible for any bills incurred as a result of medical treatment, including emergency medical treatment and/or transportation to a medical facility, in connection with my participation in the activity.

\_\_\_\_\_  
Parent/Guardian Name (please print legibly)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature



# PASTORAL REFERENCE

Dear Pastor,

Elmwood Baptist Academy is a local church school committed to serving God by serving families who desire a Christ-centered education for their children. As a part of the application process, we require all prospective students to have their pastor complete this pastoral reference form.

Please answer the following questions from your knowledge of this student and their family and return this form in the envelope provided. The application process cannot be completed until we receive this reference from you. Thank you for your help.

Applicant's Name: \_\_\_\_\_

How long have you known this applicant and their family?: \_\_\_\_\_

To the best of your knowledge, has the applicant been born again?  yes  no

Does this applicant attend church faithfully?:  yes  no      How many services per week?: \_\_\_\_\_

To the best of your knowledge, have the parents been born again?:      Father:  yes  no

Mother:  yes  no

Do the parents attend church faithfully?:  yes  no      How many services per week?: \_\_\_\_\_

In which ministries do they serve?: \_\_\_\_\_

Any additional information:

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Your Name: \_\_\_\_\_ Position: \_\_\_\_\_

Church: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# REQUEST FOR STUDENT RECORDS

Date: \_\_\_\_\_

To: \_\_\_\_\_  
*Last School Attended*

\_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*Zip Code*

\_\_\_\_\_  
*Phone Number*

\_\_\_\_\_  
*Fax Number*

**Please send records for the student(s) below:**

**Name**

**Grade**

**DOB**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**The above student(s) have enrolled in our school. Please forward all records including the following records:**

- Complete Transcript
- Immunization Records
- Test Scores
- Grades at Time of Withdrawal
- Enrollment History
- Attendance History
- Discipline Record
- Special Education Reports (if applicable)
- Court Orders and Other Legal Documents (if applicable)

**Please send records immediately to:**

**Elmwood Baptist Academy**  
**13100 E 144th Ave**  
**Brighton, CO 80601**  
**Fax: (720) 685-9005**  
**Phone: (303) 659-3818**  
**E-Mail: office@elmwoodbaptist.org**

Date of Request: *(Office Use Only)*

1st: \_\_\_\_\_

2nd: \_\_\_\_\_

Contacted Principal: \_\_\_\_\_

Contacted Administrator: \_\_\_\_\_

*Family Educational Rights and Privacy Act of 1976 states that parental signature is  
NOT REQUIRED for transfer of records between schools.*