



# APPLICATION FOR ENROLLMENT

School Year \_\_\_\_\_ - \_\_\_\_\_

New Student  Returning Student

Referred By: \_\_\_\_\_

Date Starting (if after the first day of school) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## STUDENT INFORMATION

\_\_\_\_\_ Last Name      \_\_\_\_\_ First Name      \_\_\_\_\_ MI      \_\_\_\_\_ Name Student Prefers

Male  Female      Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_      Grade entering: \_\_\_\_\_

Ethnicity:\*    African American    Arabic    Asian    Caucasian    Hispanic    Indian    Decline to identify

\*Pursuant to the Internal Revenue Service (IRS) regulations, Fairfax Baptist Temple Academy is required to file an Annual Certification of Racial Nondiscrimination (Form 5578). Identification is requested but not required.

Church that student attends: \_\_\_\_\_ Phone: \_\_\_\_\_

School currently attending: \_\_\_\_\_

City/State/Phone: \_\_\_\_\_

Previously attended school(s):

School Name	City/State	Grade	Year
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Was your child dismissed from any school for academic or behavioral issues? \_\_\_\_\_

## RELIGIOUS STATEMENT

Fairfax Baptist Temple Academy believes and teaches that salvation (being born again) is a personal decision. Salvation comes from a person believing and accepting by faith the death, burial, and resurrection of Jesus Christ and confessing/repenting to God of sin. Baptism by immersion is an act of personal obedience and identification with Christ after salvation.

**On the basis of the above definition, do you believe that the student is born again?**

Yes  No  Not sure

## PARENT/GUARDIAN INFORMATION

**Parent One**  Father  Mother  Other \_\_\_\_\_  
(Please Specify)

\_\_\_\_\_  
Last Name First Name MI

\_\_\_\_\_  
Street Address City State Zip Code

\_\_\_\_\_  
Home Phone Cell Phone Work Phone E-mail address

\_\_\_\_\_  
Employer Occupation

\_\_\_\_\_  
Current Church Membership Pastor's Name Church Phone

Do you regularly attend your church?  Yes  No, I attend approximately \_\_\_\_\_ times a year.

**Parent Two**  Father  Mother  Other \_\_\_\_\_  
(Please Specify)

\_\_\_\_\_  
Last Name First Name MI

\_\_\_\_\_  
Street Address\* City\* State\* Zip Code\*

\_\_\_\_\_  
Home Phone\* Cell Phone Work Phone E-mail address\*

\_\_\_\_\_  
Employer Occupation

\_\_\_\_\_  
Current Church Membership\* Pastor's Name\* Church Phone\*

Do you regularly attend your church?  Yes  No, I attend approximately \_\_\_\_\_ times a year.

*\* Only necessary to complete if different from Parent One*

Fairfax Baptist Temple Academy

6401 Missionary Lane, Fairfax Station, VA 22039-1859 • phone 703-323-8100 • fax 703-250-8660 • FBTministries.org

## AGREEMENT

\_\_\_\_\_ I give consent for my child(ren)'s name(s) or picture(s) to appear in school publications, including our academy yearbook, newspaper, webpage, or social media. Student names are not used on the webpage or social media.

## FINANCIAL INFORMATION

\*\*Please indicate who is responsible for all financial obligations to FBTA:

\_\_\_\_\_

Title	First Name	Last Name	Relationship
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\_\_\_\_\_

Mailing Address	City	State	Zip Code
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\_\_\_\_\_

Home Phone	Cell Phone	Alternate Phone
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Are there any outstanding financial obligations for this student at any other private or church school?

No  Yes If yes, please indicate name and address of school: \_\_\_\_\_

\_\_\_\_\_

*Payments are due on the 5th day of each month, and a late fee is applied to all delinquent accounts on the 15th. If full payment is not received by the last day of the month, the student(s) will not be admitted to school the following school day unless acceptable arrangements have been made with the finance office. Registration and supply fees are non-refundable in whole or in part. A \$100 withdrawal/dismissal processing fee will be applied for withdrawn/dismissed students. Signature below affirms acceptance of all financial and stated guidelines of Fairfax Baptist Temple Academy.*

\_\_\_\_\_

Parent/Guardian's Signature

**\*\*NON-REFUNDABLE REGISTRATION FEE MUST ACCOMPANY APPLICATION**

## OFFICE USE

Reg. Date \_\_\_\_\_ Ck# \_\_\_\_\_ Cash Rec. # \_\_\_\_\_ \$ \_\_\_\_\_ AO \_\_\_\_\_ FO \_\_\_\_\_

Qualified Discounts: \_\_\_\_\_