



Phone: 345-945-7906
 Fax: 345-945-5758
 Email: fbc@fbc.edu.ky
 Website: www.fbc.edu.ky

APPLICATION FOR ADMISSION
 (Please print and write clearly - thank you!)

Attach recent photo
 of student here

Office Use Only

Expected Entry Date: _____
 Application Received: Accepted _____ / Declined _____
 Application Fee: _____ / Receipt # _____
 Kindergarten cooking fee _____ / Receipt # _____
 Annual textbook fee _____ / Receipt # _____
 Tuition \$CI _____ Monthly __ Trimester __ Annual__
 Admission Date: _____
 Admission Year / Grade: _____ / _____
 Interview _____
 Discovery Program _____ Screening _____

Student's Name:

(Please Print) Last _____ First _____ Middle _____

P.O. Box _____ KY _____ Home Address _____ Phone _____

Date of Birth ____/____/____ Place of Birth _____ Nationality _____ M \ F
 Day Month Year

Father's Name _____ Phone (h) _____ (w) _____ (c) _____

Father's P.O. Box _____ KY _____ Religion _____

Home Address _____

Employer _____ Email Address _____

Mother's Name _____ Phone (h) _____ (w) _____ (c) _____

Mother's P.O. Box _____ KY _____ Religion _____

Home Address _____

Employer _____ Email Address _____

Child's legal guardian (if parents are separated) _____

P.O. Box _____ KY _____ Phone (h) _____ (w) _____ (c) _____

Number of Siblings – Male ____ Female ____ Do they attend this school? _____ Name _____ Grade _____

Emergency Contacts: Name _____ ph# _____

Name _____ ph# _____

Child's Health Insurance Information: Company _____ Policy # _____

General School History

Last school attended _____

Contact name and address _____

Grade/Class _____ Date of Leaving ____/____/____ Reason _____

Has student ever repeated or skipped a grade? Yes No

If yes, please explain: _____

Has student ever been suspended, expelled or asked to withdraw from any school? Yes No

If yes, give details, including principal's name and school address _____

Health Questions

Has the child been in good health? _____

(If the answer is NO, please explain, giving details of medication taken and any side effect that we should be aware of)

Has your child ever been referred for testing and \ or assessment by an outside agency? (speech, hearing, vision, ADHD, other) If so, state name of agency and date of assessment. Please provide a brief summary of diagnosis. The school requires a copy of the report.

Is there any other information that would assist us in meeting your child's individual needs? If so please explain and attach documentation.

Parent\Guardian Authorization for School to Administer:

Children's/Junior/Adult Strength Tylenol/Advil YES / NO Tums YES / NO Eye Drops YES / NO

❖ **If the School Office is to administer ANY medications sent from home, please complete a medication authorization form, which can be obtained in the school office.**

Please provide the following with your completed application

- Application Fee of CI\$150 (non-refundable)
- Birth Certificate
- Previous School Reports/Transcripts
- Immunization Records
- School Entry Screening Card (issued by Public Health Department for grade K and students new to the island)
- Photocopy of Student's Passport, specifying Nationality
- Legal Guardianship Documentation (if applicable)
- Proof of Current Child's Health Insurance

Non-Caymanians must also provide:

- A photocopy of parents' Work Permit Letter with student's name listed as a dependant
- OR**
- A photocopy of parents' Permanent Residence Letter with student's name listed as a dependant

In some cases, there may be further documentation required by the School. The School Administrator will contact you to obtain this information if necessary.

APPLICATION FOR ADMISSION

How did you learn about FBCS? First Baptist Church WEE Care Center Staff Member
FBCS/WEE Care Parent / Student Word of Mouth Advertising Other

Parental Commitment

- A. In signing this Application for Admission, I/we acknowledge commitment to the following:
1. To support the Christian philosophy of education taught at First Baptist Christian School.
 2. To support all policies as stated in the FBCS Parent – Student Handbook
 3. To participate in school functions and provide FBCS with current health insurance documents.
 4. Give permission for photographs of my child to be used by FBCS in various media.
 5. Give permission for my child to use the internet while supervised by a teacher.
 6. To participate in Parent – Teacher functions and meetings
 7. To ensure tuition payments are made as scheduled. Please note, if fees are delinquent more than one month your child will not be able to attend classes until fees are brought up to date.
 - Monthly – Paid on or before the fifth (5th) day of each month, September to June
 - Trimester – Paid on or before the first (1st) day of September, December, and March
 - Annual – Paid on or before the first (1st) day of the school year.
 6. I/We understand that all final grades, diplomas, and report cards will be retained by the school until all accounts are paid in full. Report cards will be held at the end of each grading period if accounts are not current.
- B. If I choose to withdraw my child, or are requested to withdraw my child from the school, I will be responsible for paying the regularly incurred monthly fees plus any balance on the account.
- C. The applicant (student) may participate in scheduled field trips and other school sponsored activities.
- D. The school requires a copy of reports completed by outside agencies or doctors. Withholding information could result in your child not being provided with all the resources needed to be successful or could result in being asked to leave First Baptist Christian School.
- E. First Baptist Christian School is a private Christian school that welcomes children of all faiths. The Christian faith is taught to all year groups and all children are required to participate fully in Religious classes, activities and celebrations and I understand that my child will be expected to be a participant.
- F. If my child, _____ is admitted to this school, I agree to co-operate with the school authorities in all matters relating to discipline and curriculum.
- G. I agree to support the administration and teachers of the school.
- H. I confirm that to the best of knowledge, the foregoing information is true, correct and complete.
- I.

Signature of Parent/Guardian _____ Date _____

Signature of Parent/Guardian _____ Date _____

*** If student lives with both parents, both parents must sign** Documentation required for legal guardianship**

Person(s) responsible for student's account:

Name: _____ \ Phone: _____

Signature(s) _____