

BEREAN BAPTIST ACADEMY

518 Glensford Drive, Fayetteville, NC 28314

910.868.2511 Fax: 910.868.1550

www.bbaafnc.org

Parent Application (K3-12th Grade)

Parents' Names: _____

Home Phone: _____ Cell Phone: _____

Applicant's Name(s) and Grade(s): _____

If living with other than parent, indicate relationship: _____

Why do you want your child(ren) to attend Berean Baptist Academy? _____

What goals do you have for your children? _____

Name of the church that you are regularly attending: _____

Pastor's Name: _____

Circle the services that you regularly attend:

Sunday School Sunday Morning Sunday Evening Wednesday Night

Please describe your understanding of who Jesus is and what is your relationship with Him? _____

What are your beliefs about secular music? _____

What are your guidelines governing attendance at movie theatres? _____

What are your guidelines governing the type of television programs that your family watches? _____

What are your guidelines governing your child(ren)'s access and use of the internet? _____

Are you involved in any immoral, homosexual, or extramarital relationships? Yes _____ No _____

Do you use corporal correction (spanking) as a part of your discipline at home? _____

Has student ever failed any grade? _____ If yes, which one(s)? _____

Has applicant ever been suspended or expelled? Yes _____ No _____ Date: _____

If yes, explain: _____

Has applicant taken any type of psychiatric or educational testing other than the standard school achievement tests? _____ If yes, explain: _____

List all children in your home:

Name:	Age:	Grade:	School:
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_____	_____	_____	_____
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_____	_____	_____	_____
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_____	_____	_____	_____
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BBA was recommended by: _____

I affirm that the preceding information is true to the best of my knowledge.

Parent's Signature: _____ Date: _____

(Please return this form to the school office.)

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Student Application for 6th-12th Grades

(To be completed by prospective student.)

Name: _____

Last

First

MI

Nickname

Parents' Names: _____ Grade Applied For: _____

Are you sure that you will go to heaven? Please circle: Yes I think so. No I'd rather not answer.

What do you think a person must do in order to go to heaven? _____

What church do you regularly attend? _____

Circle the services that you regularly attend: Sunday School Sunday Morning Sunday Evening Wednesday Night

Have you ever been disciplined, suspended, or expelled from school? Yes _____ No _____

If yes, please explain. _____

Reason for leaving last school attended: _____

Have you ever repeated a grade? Yes _____ No _____ If yes, which one? _____

Have you ever been required to appear before a judge, court, or law enforcement officer? Yes _____ No _____

If yes, explain. _____

Are you on any medication? Yes _____ No _____ If yes, explain. _____

Have you ever had to receive special tutoring? Yes _____ No _____ If yes, explain. _____

Have you ever had to receive psychiatric treatment? Yes _____ No _____ If yes, explain. _____

Do you want to attend Berean Baptist Academy? Yes _____ No _____

Was attending Berean Baptist Academy your idea or your parents' idea? _____

Have you ever smoked? Yes _____ No _____ If yes, how recently? _____

Have you ever drunk alcoholic beverages? Yes _____ No _____ If yes, how recently? _____

Have you ever taken non-prescription drugs (besides aspirin, etc.)? Yes _____ No _____

If yes, how recently? _____

Do you attend dances? Yes _____ No _____ If yes, explain. _____

Have you ever attended a rock music concert? Yes _____ No _____ If yes, how recently? _____

What groups performed? _____

I have read online or a copy of the Student Handbook, and I agree to do my best to abide by those rules if I am accepted. Yes _____ No _____

I affirm that the preceding information is true to the best of my knowledge.

Prospective Student's Signature: _____ Date: _____

(Please return this form to the school office.)