

BELL SHOALS BAPTIST ACADEMY

EDUCATING FOR ETERNITY

2017-2018 Application Process for New Students Early Learning Center - 8th Grade

New Early Learning Center student information:

Our Early Learning Center is committed to partnering with parents to make learning a joyful and positive experience. All preschoolers 2 years old and older, must meet our age guidelines. All 3 yrs. old and older, must be fully potty trained and able to communicate their needs.

New K– 8th grade student information:

Bell Shoals Baptist Academy offers a Christ-centered academic program designed for students with average and above average academic ability. Students are admitted on the basis of past academic achievement and behavior to ensure that those enrolled sincerely desire a Christian education and are capable of achieving in a program designed for academic excellence. The school does not provide enrollment to students whose special educational or physical needs cannot be met by our existing programs, services, or staff.

Admission is based on selective criteria that include standardized test scores, prior school record, recommendations, evidence of good character, and a possible interview. The Admissions Committee will review each application without regard to race, color, sex, national or ethnic origin. All students are accepted on a trial basis during the first grading period (30 days) before placement becomes final.

The application process is as follows:

1. **Application**—all of the following must be submitted to proceed.
 - A completed application packet.
 - A copy of birth certificate, Hillsborough County immunizations/health forms 680 and 3040.
 - For all Early Learning Center students, a signed statement indicating that you have read the *Influenza Virus - “The Flu”*, a *Guide to Parents*, is available if you would like one.

In addition K-8th grade students also need:

- A copy of most recent report card.
- A copy of most recent standardized tests (2nd - 8th grades).
- Middle school students are also required to submit three reference forms.

2. **Testing—Kindergarten-8th Grade Students**

BSBA administers an entrance exam (for a \$50 fee) to determine success in our program and academic readiness or placement.

3. **Interview**

After the completion of the entrance exam, the Admissions Committee may require an interview with the student and at least one parent. All new middle school families will meet with administration.

4. **Notification**

You will be notified by mail or a phone call regarding your child’s admission status. A tuition deposit of \$300 will be immediately due to secure enrollment. When there are no spaces available in a grade, students will be placed in a waiting pool. If a space becomes available, the Admissions Committee will review all applicants placed in the waiting pool.

Bell Shoals Baptist Academy

2017-2018 Fee Schedule

EDUCATING FOR ETERNITY

Tuition Deposit: (due immediately upon acceptance)

Early Learning Center (ELC) - 8th grade **\$300**

PLEASE NOTE: The Tuition Deposit is a **nonrefundable/nontransferable** tuition deposit due at enrollment to reserve a student's place in a grade.

Tuition Balance (amount due after deposit): paid by monthly automatic debits to BSBA through FACTS. You may have the payment automatically debited on the 5th or the 20th of each month. It will be debited in 11 equal installments with the **first payment made on June 5th or 20th and the last on April 5th or 20th**. All tuition costs include books, insurance, specialists' fees, local field trips and a yearbook as well as other resource fees.

Amounts reflect the Annual Tuition Balance after the deposit is paid

ELC (includes 2 yrs.-4 yrs.)

3 half days (2 yrs., Young 3's & 3's Only):	\$3650	5 half days (2 yrs.-4 yrs.):	\$4150
3 Full days (2 yrs., Young 3's & 3's Only):	\$4550	5 full days (2 yrs.- 4 yrs.):	\$5750

VPK (Voucher needed):

VPK ONLY	FREE	(Aug.- TBD)
VPK Extended Day (5 half days)	\$1750	(Aug. - May)
VPK Extended Day (5 full days)	\$3350	(Aug. - May)

Jr. Kind.-8th Grade

Jr. Kind.-5th grade:	\$5750 (Does not include 4 th Grade field trip to St. Augustine)
6th - 8th grade:	\$6350 (Does not include 8 th Grade Graduation trip)

\$100 discount off annual tuition amount if paid in FULL before June 1st!

BSBA IS PLEASED TO OFFER ONE OF THE FOLLOWING DISCOUNTS:

Registration cannot be conditional upon receipt of financial assistance

- 9% reduction of the tuition balance on second and subsequent children. The first child is the one in the highest grade.
- \$100 off annual tuition amount per student if paid in full before June 1.

Families with a VPK enrolled child are not eligible for any additional discounts.

Financial assistance information will be available in January and on-line applications must be completed by April .
Contact Anita Cabrera at 689-9183, ext. 321 for more information.

- Parents are responsible to notify the school administration thirty days prior to transferring or withdrawing their student for any reason. This notification is to be in writing. Parents recognize that all tuition installments paid up to and including the date of withdrawal are forfeited. In addition, an early withdrawal fee of 15% of the remaining balance will be assessed and due to the school.

BELL SHOALS BAPTIST ACADEMY

2102 Bell Shoals Road; Brandon, FL 33511
Phone: (813) 689-9183 Email: chiggins@bsbacademy.com
Website: www.bsbacademy.com

STUDENT APPLICATION FORM 2017-2018

STUDENT

Last Name _____ First _____ Middle _____

Preferred Name _____ Current Grade _____ Male _____ Female _____

Date of Birth _____ Student's Social Security # _____ / _____ / _____

Ethnicity (Optional) African American Caucasian Middle Eastern Multiracial _____

Asian American Latino/Hispanic Native American Other _____

Student's Present Address _____ City _____ Zip _____

Phone _____

Student lives with (*check any that apply*) If "other" please specify person/relationship.

Mother Father Stepmother Stepfather Other _____

Father is deceased Mother is deceased Parents are divorced Parents are separated

Siblings' names, grades and schools attending _____

PARENT(S)

Father's Name _____ Address _____ City _____ Zip _____

Father's Home #: _____ Father's Cell #: _____ Father's work #: _____

Father's Employer _____ Occupation _____

Father's E-mail _____

Mother's Name _____ Address _____ City _____ Zip _____

Mother's Home #: _____ Mother's Cell #: _____ Mother's work #: _____

Mother's Employer _____ Occupation _____

Mother's E-mail _____

CHURCH

Name of church family attends: _____ No. of yrs. _____

Please check appropriate boxes: Student: Attends church regularly Belongs to youth group Attends Sunday School

Other _____ Parents attend church regularly

MEDICAL INFORMATION

Does the student have any physical, emotional, mental problems or handicaps that may affect activities or progress? If yes, explain:

Has the student ever taken any type of psychiatric, psychological or educational testing for reading or learning difficulty other than regularly administered school achievement tests? _____ If yes (please include a copy of the educational testing report), explain:

Has the student ever been seen by a psychologist or psychiatrist? _____ If yes, explain: _____

Has the student ever been enrolled in an E.H. or S.L.D. class in a public or private school? _____ If yes, explain: _____

Has the student been diagnosed as being A.D.D. or A.D.H.D.? _____

Has the student ever received any tutoring, therapy, or been enrolled in a special program (resource, disability, gifted and talented)?
_____ If yes, explain and include any testing regarding the student: _____

REFERENCES

Please list a pastoral and personal reference. No relatives.

Pastoral _____ Phone _____

Address _____ City _____ Zip _____

Personal _____ Phone _____

Address _____ City _____ Zip _____

SCHOOL

Previous school attended _____ Teacher's name _____

Address _____ City _____ State _____ Zip _____

Grade(s) _____ Date(s) _____

Reason for leaving last school: _____

Has the student skipped a grade? _____ If yes, which grade and reason: _____

Has the student been retained? _____ If yes, which grade and reason: _____

Has student had any discipline problems, been suspended or expelled? _____ If yes, explain: _____

List activities, talents, athletics that interest student: _____

Please write a paragraph to describe why you would like your son/daughter to attend BSBA.

How did you learn about our school? BSBA Family Friend Relative Neighbor Church Internet
Newspaper Co-worker Yellow Pages Radio Other; specify _____

ALL PARENTS :

I (We) understand that all State of Florida immunization and physical examination requirements must be met as part of the enrollment process (Charter 232.032 Florida Statutes) and forms must be on file before the first day of school or attendance will be denied.

Signature of parent or guardian enrolling student: _____ Date: _____

Consistent with Christian principles, Bell Shoals Baptist Academy does not discriminate with regard to race, sex or national origin in the administration of its educational policies, athletic or other school-administered programs.

*Bell Shoals Baptist Academy is Accredited by the Association of Christian Schools International
and is A Ministry of Bell Shoals Baptist Church*



Bell Shoals Baptist Academy

PARENTAL ENROLLMENT AGREEMENT

It is the desire of Bell Shoals Baptist Academy to partner with our parents. We are pleased to have you on our team as we strive to Follow Jesus, Love People and Make Disciples.

Please read the following information and sign this form indicating your understanding and support of our policies.

We recognize that our participation is needed in prayer and service in order to properly partner with BSBA in the education of our child(ren).

We will follow the Matthew 18 principle for dealing with questions and conflicts which says to bring all questions and concerns to the person most directly involved. In most instances, this would be the classroom teacher or coach. If a satisfactory conclusion is not reached, the appropriate administrator should be contacted.

We give school authorities permission to discipline our child(ren) when necessary in accordance with school policies and generally accepted Christian school practices. It is understood that we will support the authority of the faculty concerning discipline.

We understand that all students and their families are accepted on a trial basis. Continued enrollment requires acceptable attendance, grades and citizenship by the student as well as positive support by family members. No family is guaranteed re-enrollment each year.

We will permit our child(ren) to go on scheduled field trips and other school activities.

We will provide the school with any changes or updated legal documents, addresses, and phone numbers.

We acknowledge that BSBA is not responsible for the loss or damage of personal property while on campus.

We understand that BSBA reserves the right of dismissal of any student who continually and willfully neglects academics, displays poor citizenship, fails to cooperate with faculty, or fails to reflect the Christian principles of the school.

We will be responsible to refund BSBA the full cost of repairs that may occur from our child's destruction of school property.

We understand that as parents or any agent acting in our behalf or on behalf of our child(ren) who brings any legal action against the school or its agents, we will be responsible to pay all legal fees and other expenses related to such action. All disputes shall be settled in binding arbitration. The child(ren) of the litigating family shall be withdrawn.

We realize that BSBA has limited resources to provide opportunities to students who have specific educational needs that cannot be fully met through the classroom.

- Once a student with exceptional needs has been identified, a team will develop recommendations, and those recommendations of the Academic Services Plan team must be followed.
- BSBA is not equipped to service students with severe exceptionalities such as Emotionally Handicapped, Autism, Mental Retardation, or other severe exceptionalities.

Parent's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

BELL SHOALS BAPTIST ACADEMY

2102 Bell Shoals Road
Brandon, FL 33511

Discipline Procedures for Early Learning Center & Kindergarten

Discipline should be a learning experience, not punishment. Our aim is to give your child guidelines, to set limits, and to use outer control that leads to inner or self-control. Our school states these guidelines in a positive way. "We walk inside -- run outside; use quiet voices inside -- loud voices outside; share toys and take turns."

We give your child opportunity to make choices, solve problems, and interact with adults and other children. When a child uses inappropriate language or actions we do the following things -- using only the steps necessary.

1. Remind the child of our rules; expect a cooperative response.
2. Separate the child from other children to think or calm down.
3. A privilege will be denied.
4. The child will meet with the assistant principal or principal.
5. An appointment with parents will be made to discuss the situation and decide on a plan of action.

I have read and discussed the above policy with my child and we do agree to comply with this procedure.

Parent's Signature

Date

Discipline Procedures for Grades 1 - 8

When misconduct occurs, corrective measures will be employed to help the student change his/her attitude and behavior.

Corrective measures are as follows:

1. Student-teacher conference (written discipline referral sent home)
2. Student-principal conference scheduled by the teacher
3. Parent-teacher and principal conference
4. In school suspension (one day) (credit for class work at school's discretion)
5. Out-of-school suspension (with no credit for make-up work)
6. Referral for professional counseling (ministerial staff or outside help)
7. Expulsion or withdrawal

Examples of misconduct include:

Dishonesty (i.e.: cheating on tests)
Vandalism (Parents are responsible to pay for any damage to the school or church property.)
Profanity
Excessive horseplay
Fighting
Disruptive behavior
Lying
Stealing
Disrespect
Conduct unbecoming a Christian

My child and I have read the above policy and do agree to comply with this procedure.

Parent's Signature

Date

Student's Signature

Date



Bell Shoals

BAPTIST ACADEMY

Date of Request _____

Name and Address of School Last Attended: (new students only)

REQUEST FOR RECORDS

To Whom It May Concern:

The student listed below has enrolled at Bell Shoals Baptist Academy. Please forward all academic records, health records, confidential records and other available guidance materials to:

Bell Shoals Baptist Academy

Attention: Registrar

2102 Bell Shoals Road

Brandon, FL 33511

Or

Email records to: chiggins@bsbacademy.com or Fax to : (813-)643-1649

Name

Birthdate

Grade entering fall

Thank you.

Sincerely,
Cheryl Higgins
Registrar

A Ministry of Bell Shoals Baptist Church

2102 Bell Shoals Rd * Brandon, Fla. 33511 * (813) 689-9183 ext. 259 * BSBAcademy.com

**BELL SHOALS BAPTIST CHURCH OF BRANDON,
INC. /BELL SHOALS BAPTIST ACADEMY
YOUTH ACTIVITY PARTICIPANT FORM FOR MINORS UNDER 18 YEARS OF AGE**

- (1) PARTICIPANT INFORMATION
- (2) AUTHORIZATION FOR MEDICAL TREATMENT
- (3) PHOTOGRAPHIC AND REPROGRAPHIC RELEASE
- (4) PRE-INJURY WAIVER, RELEASE AND HOLD HARMLESS
- (5) DISPUTE RESOLUTION

PARTICIPANT INFORMATION (PLEASE PRINT LEGIBLY)

Minor's Name (per Passport or DL): (Last) _____ (First) _____ (Middle) _____
Date of Birth: _____ Age: _____ Grade: _____ Sex (check one): _____ Male _____ Female
Father's Name: _____ Mother's Name: _____
Home Address: _____ City: _____ State: _____ Zip: _____
Participant/Minor Home Phone: _____
Father's Cell: _____ Work Phone: _____ Ext. _____
Mother's Cell: _____ Work Phone: _____ Ext. _____
Primary Email Address: _____
In Case of Emergency, please contact: _____ Relation to Participant: _____
Home/Cell Phone: _____ Work Phone: _____ Ext. _____
2nd Emergency contact: _____ Relation to Participant: _____
Home/Cell Phone: _____ Work Phone: _____ Ext. _____
We, _____ and _____ are the parents or legal guardians
("Participant's Guardians") of _____, a minor child under 18 years of age ("Participant").

AUTHORIZATION FOR MEDICAL TREATMENT

Participant's Guardians authorize and consent to a member of the Bell Shoals Leadership Team, including a mission team member, camp leader, Bell Shoals Baptist Academy faculty or staff member (hereafter "Bell Shoals Designee"), to administer general first aid treatment for any minor injuries or illnesses experienced by Participant. If the injury or illness is life threatening or in need of emergency treatment, Participant's Guardians authorize the Bell Shoals Designee to summon any and all professional emergency personnel to attend, transport, and treat Participant and to issue consent for any X-ray, anesthetic, blood transfusion, medication, or other medical diagnosis, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in the state or country in which such treatment is to occur. It is understood that this authorization is given in advance of any such medical treatment, but is given to provide authority and power on the part of the Bell Shoals Designee in the exercise of his or her best judgment upon the advice of any such medical or emergency personnel.

Participant's Guardians assume personal responsibility for all medical bills and certifies that they have secured primary medical insurance for Participant. Further, should it be necessary for Participant to return home due to medical reasons, for disciplinary action, or otherwise, Participant's Guardians hereby assume responsibility for all related transportation and/or communication costs.

MEDICAL HISTORY

HOSPITAL INSURANCE: Yes _____ No _____ Insurance Company & Policy Number _____

PHYSICIAN'S NAME: _____ PHONE #: _____

ILLNESSES: (Please list all chronic illnesses and give details as needed)

CURRENT MEDICATIONS: (List all dosages and milligrams) _____

ALLERGIES: (i.e. food, penicillin, etc.)

PREVIOUS OPERATIONS/ADDITIONAL MEDICAL INFORMATION: _____

PHOTOGRAPHIC AND REPROGRAPHIC RELEASE

By signing this document Participant's Guardians hereby give Bell Shoals the absolute and irrevocable right and permission to use Participant's name and to use, reproduce, edit, exhibit, project, display, copyright, publish photographic images and/or moving pictures and/or videotaped images of Participant with or without Participant's voice, or in which Participant may be included in whole or in part, photographed, taped, videotaped, and/or recorded during any Youth Activity, and therefore to circulate the same in all forms and media for art, advertising, trade, competition, of every description and/or any lawful purpose whatsoever.

PRE-INJURY WAIVER, RELEASE, AND HOLD HARMLESS AGREEMENT

We realize and acknowledge that Participant's participation in a Bell Shoals Baptist Church of Brandon, Inc. and/or the Bell Shoals Baptist Academy ("Bell Shoals") event, mission trip, ministry project, youth camp, field trip, sports activity or activity of any kind (collectively "Youth Activity") anywhere within the United States, in a foreign country and travel to and from a Youth Activity, includes many risks and possible dangers. We further acknowledge that a Youth Activity may expose Participant to accidents, disease, war, political unrest and inherently dangerous activities, including by general description and not by way of limitation, horseback riding, go-cart racing, swimming, water skiing, jet skiing, other water sports, hiking, archery, sports activities and any other activities in which youth may engage (collectively "Risks"). We have measured the Risks against the benefits of Participant participating in a Youth Activity and have determined that the benefits far outweigh the Risks.

In good and valuable consideration, including but not limited to Participant being allowed to participate in a Youth Activity, and to the fullest extent permitted by law, we on behalf of ourselves, heirs, executors, administrators and Participant unconditionally agree to waive, release and hold harmless Bell Shoals, its trustees, officers, directors, employees, agents, volunteers, licensees, successors, legal representatives, Bell Shoals Academy faculty and staff members, and assigns (collectively "Bell Shoals Releasees") from any and all liability, claims, demands and causes of action for personal injury, sickness, disease, death, damages, property damage and expenses of any nature (collectively "Claims"), incurred by us and/or Participant, arising out of or related to in any way to a Youth Activity, including negligence and/or fault, in whole or in part, of the Bell Shoals Releasees. This Pre-injury Waiver, Release, and Hold Harmless Agreement applies to all Claims that exceed insurance coverage payments, if any, actually received by Bell Shoals. If no insurance payments are received by Bell Shoals, then this Bell Shoals Baptist Church of Brandon, Inc./Bell Shoals Baptist Academy Youth Activity Form For Minors Under 18 Years Of Age Authorization For Medical Treatment and Photographic And Reprographic Release And Pre-injury Waiver, Release And Hold Harmless Agreement ("Youth Activity Form") applies to all Claims. However, there is no obligation, express or implied, for Bell Shoals to procure insurance coverage to cover any potential Claim. Bell Shoals will use reasonable efforts to obtain commercially reasonable and available commercial liability insurance. Bell Shoals affirms that the safety and well-being of all Participants is of utmost importance.

Participant's Guardians have considered the ability to obtain independent insurance coverage and certify that we have secured primary medical insurance for Participant or have other means to cover the expense of any loss, damage or injury, as described above, and we accept the Risks and associated expense.

To the extent any of the terms or provisions of this Youth Activity Form is deemed unenforceable by a court of competent jurisdiction or arbitration panel, then the terms or provisions that are deemed unenforceable shall be stricken and the remaining terms and provisions shall remain in full force and effect to effectuate the intent of the parties for this Youth Activity Form to be an enforceable non-commercial pre-injury release of a minor under Florida common law.

This form will be effective for participation in any Bell Shoals Youth Activity that begins on or after the date this document is signed and notarized and through August 31, 2018. Participant's Guardians acknowledge that they are the parents and/or legal guardians of Participant, have read and understood this Youth Activity Form in its entirety and have signed and delivered it voluntarily.

DISPUTE RESOLUTION

Participant's Guardians believe the Bible commands them to make every effort to live at peace and to resolve disputes in private or within the Christian church (see Matthew 18:15-20; 1 Corinthians 6:1-8). Therefore, Participant's Guardians agree that any Claim or dispute arising from or related to this Youth Activity Form shall be settled by Biblically-based mediation and, if necessary, legally binding arbitration in accordance with the Rules of Procedure for The Institute For Christian Conciliation. All such mediation and arbitration shall take place in Hillsborough County, Florida. Judgment upon an arbitration award may be entered in any court of competent jurisdiction. The Participant's Guardians understand that these methods shall be the sole remedy for any controversy or Claim arising out of this Youth Activity Form and Participant's Guardians and Participant expressly waive their right to file a lawsuit in any civil court against Bell Shoals, its trustees, officers, directors, employees, agents, volunteers, licensees, successors, legal representatives, Bell Shoals Baptist Academy faculty and staff members, Bell Shoals Designees and assigns, for such disputes, except to enforce an arbitration decision. The Participant's Guardians agree that the prevailing party in any dispute will be entitled to attorneys' fees, costs and expense of litigation and that Participant's Guardians will be responsible for such attorneys' fees, costs and expense of litigation should Bell Shoals be deemed the prevailing party in any action. The Arbitrator(s) shall determine entitlement and amount of attorneys' fees, costs and expense of litigation. For more information regarding The Institute For Christian Conciliation, please go to their website at www.peacemaker.net.

PLEASE COMPLETE AND SIGN BELOW

Date

Date

Signature of Parent(s) or Guardian(s)

Signature of Parent(s) or Guardian(s)

Printed Name of Parent(s) or Guardian(s)

Printed Name of Parent(s) or Guardian(s)

NOTARY PUBLIC

STATE OF: FLORIDA

COUNTY OF: HILLSBOROUGH

The foregoing instrument was acknowledged before me this _____ day of _____, 201_____, by

Name of Person(s) Acknowledging

Signature of Notary Public

Printed Name of Notary Public

____ Personally Known or ____ Produced Identification.

Type of Identification Produced: _____

BELL SHOALS BAPTIST ACADEMY

2102 Bell Shoals Road, Brandon, Florida 33511

MIDDLE SCHOOL STUDENT REFERENCE (Grades 6-8)

Student _____ Grade Entering _____

Parent: Please write the student's name on all three forms. These forms should then be completed by:
2 teachers and/or principal
1 pastor or family acquaintance

Evaluator: We would appreciate your impressions of this student. This information will be kept confidential and will be used to help determine whether or not Bell Shoals Baptist Academy is a suitable school for the applicant.

Please complete the information below. Then mail the form directly to Bell Shoals Baptist Academy (Attention: Registrar). Thank you for your assistance.

THE STUDENT DEMONSTRATES:	ALWAYS	OFTEN	NEVER	NOT KNOWN
RESPONSIBILITY				
ORDERLINESS				
COOPERATION				
RESPECTFULNESS				
HONESTY				
POSITIVE ATTITUDE				
EMOTIONAL STABILITY				

Do you know of any specific problem that the student has which would hinder learning? _____

Additional comments: _____

In what capacity have you known the applicant? _____

Signature _____ Date _____

This section to be filled out by school teachers or principals only:

Are parents supportive of school program? Comments: _____

In what capacity have you known the applicant? _____

How long? _____

School _____ Title _____

Phone _____ Signature _____ Date _____

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