

School Year 20\_\_-20\_\_



# Apollo Beach Christian Preschool

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## STUDENT APPLICATION FORM

### STUDENT

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Preferred Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Date of Birth \_\_\_\_\_

Ethnicity (Optional) African American Caucasian Middle Eastern Multiracial \_\_\_\_\_  
Asian American Latino/Hispanic Native American Other \_\_\_\_\_

Primary language spoken in the home (optional) \_\_\_\_\_

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 \_\_\_\_\_

### Enrollment:

(3 day is Tues. - Thurs.)

\_\_\_\_ Young 3 Year Old Choose: \_\_\_\_ 3 day or \_\_\_\_ 5 day

\_\_\_\_ 3 Year Old Choose: \_\_\_\_ 3 day or \_\_\_\_ 5 day

\_\_\_\_ 4 Year Old (VPK only) Choose: \_\_\_\_ 5 day 12:30-3:30

\_\_\_\_ VPK Plus Choose: \_\_\_\_ 3 day or \_\_\_\_ 5 day

Please check all that apply:

\_\_\_\_ Returning student

\_\_\_\_ New student

\_\_\_\_ Has older ABCP sibling

\_\_\_\_ BSBC church member

\_\_\_\_ ABCP staff

**CHURCH**

Name of church family attends: \_\_\_\_\_ No. of yrs. \_\_\_\_\_

Does your family (child) attend church regularly? \_\_\_\_\_

**MEDICAL INFORMATION**

Does the student have any physical, emotional, mental problems or handicaps that may affect activities or progress? Yes \_\_\_ No \_\_\_

If yes, you will be given additional forms to fill out explaining the details and instructions for care during the school day.

Has the student ever been seen by a psychologist or psychiatrist? \_\_\_\_\_

If yes, explain: \_\_\_\_\_

**SCHOOL:**

Previous school attended (if any) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Reason for leaving last school:

Has student had any discipline problems? \_\_\_\_\_

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

**ALL PARENTS:**

Who has legal custody of the student for whom this application is made? \_\_\_\_\_

A current copy of any legal documents must be kept on file in the office. It is the sole responsibility of the parent to provide the school with any changes or updated legal documents.

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: \_\_\_\_\_

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

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