



HILLSBOROUGH BAPTIST SCHOOL

APPLICATION FOR ADMISSION

2020-2021

STUDENT

Full Legal Name:		Nickname:	
Date of Application:	Age as of Sept. 1st:	Grade Applying For:	Grade last attended:
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnicity: <input type="checkbox"/> African-American <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native-American <input type="checkbox"/> Multi-Ethnic <input type="checkbox"/> Other _____		
Address:		Date of Birth:	County born: State born:
City:	State:	Zip:	
Social Security Number:		Home Telephone Number:	
With whom does the student reside? <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandparent <input type="checkbox"/> Step-Parent <input type="checkbox"/> Other (Check all that apply)			

FAMILY

Mother/Guardian Full Name:		Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Remarried <input type="checkbox"/> Single	
Home Phone Number:	Cell Phone Number:	Email Address:	
Social Security Number:	Child Pick-Up Allowed: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Check if home address is the same as above	
Address:	City:	State:	Zip:
Employer:	Work Number:		
Church Name:	Pastor:	Attend Regularly: <input type="checkbox"/> Yes <input type="checkbox"/> No	

FAMILY

Father/Guardian Full Name:		Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Remarried <input type="checkbox"/> Single	
Home Phone Number:	Cell Phone Number:	Email Address:	
Social Security Number:	Child Pick-Up Allowed: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Check if home address is the same as above	
Address:	City:	State:	Zip:
Employer:	Work Number:		
Church Name:	Pastor:	Attend Regularly: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Parent Questionnaire

1. Who has legal custody of the child for whom the 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.)

2. Name of person responsible for tuition and fees: _____

Is this student on: ☐ Step Up for Students ☐ McKay Scholarship ☐ AAA Scholarship ☐ FES Scholarship

3. Do you have any other children enrolled in HBS? _____

If so, please list names and grades.

4. List the previous schools your child has attended (including homeschool).

Name of School	Grade

5. Reason for leaving previous school? _____

6. How did you hear about our school? _____

7. Student Questionnaire

Student ever repeated a grade?	<input type="checkbox"/> Y <input type="checkbox"/> N	If yes, explain below.
Student ever suspended or expelled?	<input type="checkbox"/> Y <input type="checkbox"/> N	If yes, explain below.
Student ever arrested?	<input type="checkbox"/> Y <input type="checkbox"/> N	If yes, explain below.
Student ever received therapy of any kind?	<input type="checkbox"/> Y <input type="checkbox"/> N	If yes, explain below.
Student ever seen by a psychologist?	<input type="checkbox"/> Y <input type="checkbox"/> N	If yes, explain below.
Student ever seen by a psychiatrist?	<input type="checkbox"/> Y <input type="checkbox"/> N	If yes, explain below.
Student have any physical handicaps?	<input type="checkbox"/> Y <input type="checkbox"/> N	If yes, explain below.
Student have any mental problems?	<input type="checkbox"/> Y <input type="checkbox"/> N	If yes, explain below.
Student ever been enrolled an E.H. class?	<input type="checkbox"/> Y <input type="checkbox"/> N	If yes, explain below.
Student ever been enrolled in S.L.D class?	<input type="checkbox"/> Y <input type="checkbox"/> N	If yes, explain below.
Student ever been diagnosed with A.D.D.?	<input type="checkbox"/> Y <input type="checkbox"/> N	If yes, explain below.
Student ever been diagnosed with A.D.H.D.?	<input type="checkbox"/> Y <input type="checkbox"/> N	If yes, explain below.

Authorization for Pick Up

As the parent or legal guardian of _____, the following people have permission to pick up my child during/after school.

*Any person that is picking up your student will need to show a photo ID and have their name on this list. If their name is not on this list, your student will not be allowed to go with them unless we have received specific instructions from the parent.

Name:		Relationship:	
Home Number:	Work Number:	Cell Number:	
Name:		Relationship:	
Home Number:	Work Number:	Cell Number:	
Name:		Relationship:	
Home Number:	Work Number:	Cell Number:	
Name:		Relationship:	
Home Number:	Work Number:	Cell Number:	
Name:		Relationship:	
Home Number:	Work Number:	Cell Number:	
Name:		Relationship:	
Home Number:	Work Number:	Cell Number:	
Name:		Relationship:	
Home Number:	Work Number:	Cell Number:	
Name:		Relationship:	
Home Number:	Work Number:	Cell Number:	

NOTE: If child custody orders have been issued by a court of law, a copy of the order must be supplied to Hillsborough Baptist School at registration.

POLICY INFORMATION



ADMISSION PROCESS:

- Complete Application and additional forms.
- Pay the registration fee.
- Bring in the necessary paperwork (Student Physical, Immunization Record, Social Security Card, and Birth Certificate)
- Schedule an appointment with the front office to interview with the Principal or Academic Dean.
- Complete the entrance test after scheduling the date with the school office.

APPLICATION POLICY:

- The application must be complete in order to be submitted.
- Notification of status for the next school year will be made after June 1st.
- Students entering Kindergarten must be five on or before September 1st.
- Students entering First grade must be six by September 1st.
- Class placement is pending available space and is not confirmed until the applicant completes the admission process.

ACCEPTANCE POLICY:

- HBS reserves the right to accept or reject admission based on the information provided in the completed application packet.
- Notification of acceptance will be made 7-10 business days after application process is complete.
- All additional paperwork (See checklist below) and forms must be complete and received before the student will be admitted to class.
- Should the marital status change between the two guardians, it is the sole responsibility of the guardian to have an updated Handbook Agreement Form signed and delivered to HBS.

TESTING POLICY:

- Test dates will be scheduled according to availability.
- An entrance test may be required for new students entering grades 1st-12th.

FINANCIAL POLICY:

- All families are expected to abide by the Financial Agreement.
- All policies regarding fees, tuition, payment options and dates are detailed in the Parent Handbook.
- There is a \$25 penalty for any returned checks.
- Application fee is non-refundable.
- Report Cards are subject to be held until account is current.
- All tuition payments are due on the 1st of each month and a \$25 late fee will apply after the 7th of the month.
- No monthly statements are sent out.

I have read the above policies and agree to abide by these policies and the policies listed in the financial information packet of Hillsborough Baptist School.

I hereby understand that Hillsborough Baptist School admits students of any race, color, national and ethnic origin, and sexual orientation to all the rights and privileges, and activities made available to students of the school. It does not discriminate on the basis of race, color, national and ethnic origin, and sexual orientation in the administration of its educational policies, admissions policies, athletics, or any other school administered programs.

Parent Signature

Date

Parent Signature

Date

Requirements for Application:

- ☐ A completed Application and Authorized Pick Up Form
- ☐ Registration fees paid
- ☐ HRS Form 3040 (school physical) provided by child's doctor
- ☐ HRS Form 680 (immunization record or exemption) provided by child's doctor
- ☐ A copy of Student Social Security card and Birth Certificate
- ☐ A completed and notarized Medical Release Form
- ☐ A signed Policies Information Form
- ☐ A signed Handbook Agreement, Financial Agreement, and Honor Code of Conduct Form
- ☐ Legal Papers (if necessary)

2020-2021 EMERGENCY LIST/MEDICAL RELEASE FORM



Student Name: _____ Date: ____/____/____
 Grade: _____ Date of Birth: ____/____/____

I hereby give my consent to any emergency medical personnel to administer necessary treatment to my child in the event of an emergency at which time I cannot be reached. I give consent to transport, by ambulance, if the situation warrants it.

I hereby grant permission for my son/daughter to participate in any and all sports. I waive, release, absolve, and hold blameless **HILLSBOROUGH BAPTIST SCHOOL** and **LANDMARK BAPTIST CHURCH** and their administrators, teachers, supervisors, physical education directors, managers, persons transporting my child to and from school activities and other participants, from any claim arising out of an injury or sickness to my child. I authorize the personnel at **HILLSBOROUGH BAPTIST SCHOOL** to administer first aid to my child in the event of their involvement in accident, injury or sickness.

If my child should become ill or injured at HBS, I understand that the school will:

1. Contact me immediately or
2. Contact the person(s) I have designated, the School is authorized to contact my child's physician and/or arrange for immediate emergency treatment. The physician and medical facility is authorized to administer emergency medical treatment necessary to ensure the health and safety of my child. I will accept responsibility for payment of medical services rendered.

 Guardian Home Number Guardian Work Number Guardian Cell Number

 Guardian Home Number Guardian Work Number Guardian Cell Number

Emergency Contact List (Must have 2 other contacts outside of guardians according to FL Statutes)

Name:		Relationship:	
Home Number:	Work Number:	Cell Number:	
Name:		Relationship:	
Home Number:	Work Number:	Cell Number:	

Emergency Information

Child's Doctor _____ Office Phone _____
 Insurance Name _____ Policy # _____ Hospital Preference _____

Medical History

Previous Hospitalization? ☐ Y ☐ N If yes, why? _____
 Is child allergic to anything? ☐ Y ☐ N If yes, what? _____
 Any previous illness or disease? ☐ Y ☐ N If yes, what? _____
 Is the child under the care of a doctor? ☐ Y ☐ N If yes, why? _____
 Any history of convulsions? ☐ Y ☐ N If yes, please list: _____
 Does child take prescribed medications on daily basis? ☐ Y ☐ N Please List: _____
 Are there any special instructions that we should know? ☐ Y ☐ N Please List: _____
 Explain: _____

THIS FORM MUST BE NOTARIZED: (A Notary is available in the school office)

 Parent Signature Date Driver's License #

Sworn to and subscribed before me this ____ day of _____, 20____.

Notary Public _____