

CITY BAPTIST SCHOOLS APPLICATION FOR ADMISSION

4925 Sohl Ave.
Hammond, IN 46327
Phone (219) 931-4345

Today's Date: _____ Student applying for grade _____

Anticipated date of entrance: ____ Fall (Sept.) ____ Spring (Jan.) ____ Year _____

Student's name _____
Last First Middle

Address _____
Street Apt. # City State Zip

Birthday _____ Birthplace _____ Sex _____

Are you a citizen of the U.S.A.? ____ Yes ____ No If no, what country? _____

Are you a deaf or hearing student? (Please check one.) _____ Deaf _____ Hearing

Home phone # _____ Parent's business phone # _____

Cell Phone # _____ Emergency # _____

School last attended _____

Reasons for changing schools _____

Please attach student's last report card to this application.

How long have you been saved? _____ Bus Route # _____ Division # _____

Give a brief description of your salvation experience: _____

This form must be filled out and turned in within three days of the student enrolling in City Baptist Schools.

FATHER

Name _____

Employer _____ Position _____

Check one: Living at home
 Deceased
 Divorced
 Separated

MOTHER

Name _____

Employer _____ Position _____

Check one: Living at home
 Deceased
 Divorced
 Separated

GUARDIAN

Name _____ Relationship _____

Employer _____ Position _____

Check one: Living at home
 Deceased
 Divorced
 Separated

CHILDREN UNDER 18 YEARS OF AGE LIVING WITH FAMILY:

Name _____ Birthdate _____

Name _____ Birthdate _____

Name _____ Birthdate _____

Name _____ Birthdate _____

Name _____ Birthdate _____

CITY BAPTIST SCHOOLS

STUDENT'S PLEDGE

Realizing that character and actions contrary to the standards of City Baptist Schools will result in my expulsion from school, and that attending City Baptist Schools is a privilege and not a right; I do hereby pledge my complete support to the program, rules and regulations of this school.

I promise to:

- FIRST:** Protect my mind, body and morals from evil companions by not making them my close friends.
- SECOND:** Select wisely and very conscientiously the T.V. programs that I watch and will turn from those programs that have vulgar jokes, fighting, immoral sex scenes and activity that Christ could not approve.
- THIRD:** Refuse to listen to music, especially rock music, that creates a reckless spirit, or to words set to music that suggest:
- A. Turning against authority.
 - B. Living to enjoy SELF, the GANG and WILD LOVE.
 - C. Living for the thrill of the present without thinking of the consequences.
- FOURTH:** Seek faithfully to witness as a Christian by dressing, acting and talking like a true Christian.

Student's signature

PARENT'S PLEDGE

We, as parents or guardians of a student enrolled in City Baptist Schools, hereby give our permission to the authorities of City Baptist Schools to discipline our child. We understand that discipline may include a spanking if necessary. The spanking would be carried out by the school administration. Also, we understand a wooden paddle would be used, which may be inspected by the parents at their request, and no more than three swats may be given to a student for any one offense.

We promise that our home will provide a secure haven of safety and be free from the influences that we recognize as harmful.

We pledge that, if for any reason our child does not respond favorably to the school, we will not try to change the school policies, but will withdraw him quietly and that without delay.

Parent's signature

Date signed

Guardian's signature

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CITY BAPTIST SCHOOLS
4925 Sohl Ave., Hammond, IN 46327

EMERGENCY TREATMENT PERMIT

I/We (name) _____ and: (name) _____
of: (city) _____, (county) _____, (state) _____, do hereby state that I am/we are the
parent(s) or legal guardian(s) of: (child's name) _____, a minor, age _____,
born: (day, month, year) _____, who resides with me/us at:
(address) _____
(Street) (City) (State) (Zip Code)

In the event that an emergency should arise, I (we) authorize a member of City Baptist Schools' staff/faculty in the city of Hammond, county of Lake, state of Indiana, to consent to any necessary examination, anesthetic, medical diagnosis, surgery or treatment, and/or hospital care to be rendered to the above named minor under the general or special supervision and on the advice of any physician or surgeon licensed to practice medicine in the United States of America.

I/We hereby hold harmless City Baptist Schools and its employees and the First Baptist Church of Hammond and its employees from any liability or other responsibility arising from said actions. I understand that we as parents/legal guardians, together with our insurance carrier, are responsible by operation of law. I/We understand that the emergency center will attempt to contact the parent(s)/legal guardian(s) as soon as possible.

Signature of Parent/Legal Guardian Date Signature of Parent/Legal Guardian Date

In case of emergency, parent(s)/legal guardian(s) can be reached as follows:
Home Phone Number: _____ Cell Phone/Pager: _____
Mother's Employer : _____ Phone: _____
Father's Employer : _____ Phone: _____
Emergency Number if parent(s)/guardian(s) cannot be reached: Phone: _____
Name of family doctor: _____ Phone: _____
Name of insurance company: _____ Policy/Group number _____

Medical History:
Allergies, if any, including medications: _____

Tetanus (date of last booster): _____ Medication your child is now taking: _____
Chronic or existing diseases or medical problems (diabetes, epilepsy, asthma, etc.) _____

Can and may your child have the following:
Antacid tablets: Yes ___ No ___ *Regular aspirin:* Yes ___ No ___ *Acetaminophen (non-aspirin):* Yes ___ No ___

Note: All other medication that the student may need during school hours must be brought to the school nurse or the school office with doctor's instructions (prescription) or parent's instructions (non-prescription). The student may not self-administer the doses; only the nurse or authorized personnel may supervise this.

Activity Permission

I/We, the parent(s)/guardian(s) of _____, who is enrolled in City Baptist Schools, hereby give our permission to the authorities of City Baptist Schools' system to take said student on field trips, athletic trips, or any other supervised school activity.

Signature of Parent/Legal Guardian Date Signature of Parent/Legal Guardian Date

This form must be filled out and turned in within three days of the student enrolling in City Baptist Schools.

City Baptist Schools

4925 Sohl Ave.

Hammond, IN 46327

Phone 219-931-4345

Fax 219-931-4350

School Records and Transcript Release Form

The student listed below has enrolled in City Baptist Schools. Please fax or mail the school records to us as soon as possible so that we can place the student accurately. This would include any transcripts, medical records, testing information, and any other material that would facilitate our placing the student properly.

Student

Address

Grade

Date of Birth

Name of school last attended

Street Address

City

State

Zip

Phone Number

Fax Number

Date Faxed

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CITY BAPTIST SCHOOLS - 4925 Sohl Ave., Hammond, IN 46327

Health Records

Name _____ Date of Birth _____
 Address _____ Male Female Age _____
(Street) (City) (State) (Zip Code)
 Father's Name _____ Work Phone _____
 Mother's Name _____ Work Phone _____
 Home Phone _____ Cell Phone _____

IMMUNIZATIONS: All immunizations are required by law and are free at your local health department.

DPT (DIPHThERIA, PERTUSSIS, TETANUS) MONTH, DAY, AND YEAR	OPV (ORAL POLIO VACCINE) MONTH, DAY, AND YEAR	MMR (MEASLES, MUMPS, RUBELLA) MONTH, DAY, AND YEAR
1.	1.	Measles (Rubeola)
2.	2.	1.
3.	3.	2.
4.	4.	Mumps
5.	5.	1.
6.	TB Skin Test Results	2.
TB Skin Test MONTH, DATE, YEAR		Rubella (German Measles)
		1.
		2.

Hepatitis B: #1 _____ #2 _____ #3 _____

MEDICAL HISTORY

HAVE YOU EVER HAD:	YES	NO	DO YOU NOW HAVE:	YES	NO
Fainting			Blurred Vision		
Diphtheria			Recurring Headaches		
Scarlet Fever			Fainting		
Rheumatism			Convulsions		
Rupture/Hernia			Blackouts		
Rheumatic Fever			Painful Joints		
Poliomyelitis			Backaches		
Pneumonia			Pounding of Heart		
Asthma			Shortness of Breath		
Diabetes			Frequency of Urination		
Heart Disease			Cough		
Kidney Disease			Nosebleeds		
Tuberculosis			Frequent Sore Throats		
Jaundice			Stomach Pains		
Chicken Pox			Recurring Skin Conditions		
Rubella (German Measles)			Asthma		
Measles (Rubeola)			Frequent Diarrhea		
Mumps			Frequent Constipation		
Convulsions			Orthopedic Problems		
Allergy (specify)			Allergy (specify)		
Drug/Alcohol/Tobacco Usage			Drug/Alcohol/Tobacco Usage		
Other (specify)			Other (specify)		

Operations (specify) _____
 Serious Accidents _____

FAMILY HISTORY Give state of health *or* cause of death for :

Mother _____ Father _____ Sisters _____ Brothers _____

Sickness in the home (describe) _____

This form must be filled out and turned in within two weeks of the student enrolling in City Baptist Schools.

MEDICAL INFORMATION

(Completed by a physician)

PHYSICAL CONDITION

Name _____ Age _____ Sex _____ Height _____ Weight _____

B/P _____ / _____ Temperature _____ Pulse _____ Respirations _____

Skin _____

Head

Hair and Scalp _____

Eye abnormalities _____ Vision _____ Left _____ Right _____

Ear abnormalities _____ Hearing _____ Left _____ Right _____

Nose and Throat

Palpable nodes _____

Tonsils _____

Chest

Lungs _____

Heart _____

Abdomen: Hernia (inguinal; femoral; umbilical; other) _____

Extremities _____

Orthopedic Defect _____

() I recommend regular program of physical activity. Regular physical education includes the following:

Boys – Basketball, soccer, track, wrestling, volleyball, gym hockey, football, etc.

Girls – Basketball, volleyball, gymnastics, soccer, track, badminton, etc.

() I recommend modified activity.*(Specify degree and reason below.) Modified activity would include less strenuous events such as: ping-pong, walking, throwing, officiating and scorekeeping.

Comments and recommendations: _____

* Recommendations for modified activity are effective for the current school year only.

Any other information not covered above _____

Other comments _____

Date _____ **Physician's Signature** _____

Address _____

City, State, Zip _____ **Phone** (____) _____