

APPLICATION INSTRUCTIONS

To insure rapid processing of your application, please follow these steps.

-
- 1** Complete the **Student Application for Admission** and submit it with a \$25 non-refundable application fee to:

Director of Admissions
Faith Baptist School
3607 Oleander Avenue
Ft. Pierce, FL 34982
 - 2** Read and Sign the **Contract Statement of Cooperation** and submit it with your application. This must be signed by the parent and student.
 - 3** If transferring from another school, complete the **Records Request Form** and give or mail it to your previous school.
 - 4** For High School students only. Complete and sign the **High School Student Questionnaire** and submit it with your application for admission.
 - 5** Complete the first section of each of the three **High School Reference Forms** and give them to three non-relatives to complete. We prefer a pastor, youth pastor, principal, teacher, guidance counselor or non-related friends.
 - 6** If necessary, complete the **Financial Assistance Request Form** and submit it with your application.
-



Director of Admissions
 3607 Oleander Avenue
 Ft. Pierce, FL 34982
 Ph: 772-461-3607
 Fax: 772-461-4732
 Email: info@faithbaptistschool.org

Office Use Only

Date	Paid	Initial

1

Student Application for Admission

Please fill out as carefully and completely as possible. Please print.

Today's Date: School Year Entering: Grade Entering:

Student Information

Legal Name: _____ Male Female
First Middle Last

Preferred Name: _____ Social Security Number: _____ - _____ - _____ Birth Date: ____/____/____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ E-mail: _____

Are you a U.S. Citizen: Yes No If not, list citizenship: _____

Have you previously attended Faith Baptist School? _____ If so, what year(s)? _____

Name of Previous School: _____

Parental Information

Father's Name: _____ Occupation: _____
(Legal Guardian)

Work Address: _____

Main Contact Phone: (____) _____ Alternate Contact Phone: (____) _____

Mother's Name: _____ Occupation: _____
(Legal Guardian)

Work Address: _____

Main Contact Phone: (____) _____ Alternate Contact Phone: (____) _____

If parents are separated, with whom does the child reside? _____

Family Information

Church Preference: _____ Are you a member? _____

Number of brothers or sisters: _____ Please give names and ages: _____

Has your child had any contagious diseases? _____ Please list: _____

Family Doctor: _____ Phone: _____

Has your child in the past used any alcoholic beverage, dangerous and illegal drugs, or tobacco products? (If yes, please explain). _____

My student agrees to abide by the dress code, rules of conduct, and policies as stated in the Student Handbook.

Date: _____ Signature: _____

This application must be accompanied by a non-refundable application fee of \$25.00 per student.



Director of Admissions
 3607 Oleander Avenue
 Ft. Pierce, FL 34982
 Ph: 772-461-3607
 Fax: 772-461-4732
 Email: info@faithbaptistschool.org

Office Use Only

Date Received	Initial

2

Contract Statement of Cooperation

The following Contract Statement of Cooperation is to be signed by the parent, student and school administration.

Today's Date: School Year Entering: Grade Entering:

1. It is hereby understood that we parents will make tuition payments in a timely fashion. Tuition is due and payable upon enrollment or if using the easy 12 month payment plan, payments are due on or before the first of each month. We understand that report cards will be held if the account becomes delinquent during any grading period. If an account is thirty days or more delinquent, our student will be financially suspended until payment is made, unless other arrangements have been made with the school administration. I have read and understand the refund policy regarding tuition as outlined in the student handbook.
2. I understand that if my account is delinquent after the fifth of each month, I will be assessed a late charge of \$25.00 per month until my account is caught up. There will be a \$40.00 service charge for any checks returned from our bank.
3. In full cooperation with the school, we will try to attend the Parent-Teacher Fellowship meetings. We agree with and will promote the aims and ideals of the school and will bring any and all questions and criticism directly to the administration so that they may be properly considered by those in authority. I have read and understand the school policies as outlined in the student handbook.
4. The administration is hereby given discretion in the discipline of our child. This would include the issuing of tallies, word sheets, conduct reports, detentions, demerits, suspensions, and expelling from the school program. Faith Baptist School does not practice any form of physical discipline.
5. I understand that the school reserves the right to dismiss any student who does not cooperate with the educational process, policies, and rules of Faith Baptist School. I understand the school also reserves the right to dismiss any student whose parents or legal guardians refuse to cooperate with the educational process, policies, and rules of Faith Baptist School.
6. I understand that all students are accepted on a nine week evaluation basis.
7. In case of accident or serious illness, I hereby authorize the school to call my physician. The school may make whatever emergency arrangements necessary.

I understand this is a binding contract between myself and Faith Baptist School to cooperate and adhere to the educational process, policies, rules, and financial obligations of Faith Baptist School as outlined in the Student Handbook.

Parent's Signature: _____ Date: _____

Student's Signature: _____ Date: _____

Administrator's Signature: _____ Date: _____



Director of Admissions
3607 Oleander Avenue
Ft. Pierce, FL 34982
Ph: 772-461-3607
Fax: 772-461-4732
Email: info@faithbaptistschool.org

3

Records Request Form

Please fill out as carefully and completely as possible. Please Print.

Applicant

Please complete the section below and submit this form to your child's current school.

Name of applicant: _____ Date of Enrollment: _____

Social Security Number: _____ Birth Date: _____

Home Address: _____ Phone Number: _____

City: _____ State: _____ Zip: _____

Complete Name of School: _____

School Address: _____

City: _____ State: _____ Zip: _____

Parent's Signature: _____ Date: _____
(Legal Guardian)

School

Please send this form along with a copy of my academic records to:

Faith Baptist School
Director of Admissions
3607 Oleander Avenue
Ft. Pierce, FL 34982



Director of Admissions
 3607 Oleander Avenue
 Ft. Pierce, FL 34982
 Ph: 772-461-3607
 Fax: 772-461-4732
 Email: info@faithbaptistschool.org

Office Use Only

Date Received	Initial

4

High School Student Questionnaire

Please fill out as carefully and completely as possible. Please print.

Today's Date: School Year Entering: Grade Entering:

Student Information

1. Please write at least one paragraph stating why you want to attend Faith Baptist School.

Use back of application if more room is needed. _____

2. What is your favorite kind of music? _____

3. Name two or three groups or names of singers to whom you listen: _____

4. What do you think a person has to do in order to go to heaven after they die? _____

5. Do you attend regularly:

	Yes	No
Church	_____	_____
Sunday School	_____	_____
Youth Group Meetings	_____	_____

6. Have you ever or do you now:

	Yes	No
Smoke	_____	_____
Take Drugs	_____	_____
Belong to any radical groups or gangs	_____	_____
Been on probation	_____	_____

If you answered yes to any part of #6, please give an explanation on the back of this sheet.

7. Have you ever been suspended or expelled from any school? _____ If so, when? _____

For what reason? _____

8. Have you ever failed a grade? _____ If so, which ones? _____

9. Will you agree to honor the dress code and rules of conduct as outlined in the Student Handbook? _____

To the best of my knowledge I affirm that the answers to the above questions are true and accurate.

Student's Signature _____ Date _____



Director of Admissions
 3607 Oleander Avenue
 Ft. Pierce, FL 34982
 Ph: 772-461-3607
 Fax: 772-461-4732
 Email: info@faithbaptistschool.org

Office Use Only

Date Received	Initial

5

High School Reference Form

Please fill out both sides as carefully and completely as possible. Please print.
 Please have these forms completed by a pastor, youth pastor, principal, teacher, guidance counselor, etc.
 Please use non-relatives if possible.

Applicant

This portion is to be completed by the applicant:

Name of Applicant: _____ Year Enrolling: _____

Birth Date: _____ Phone Number: (____) _____

Home Address: _____

City: _____ State: _____ Zip: _____

Name of Referent: _____

I am authorizing the release of the following information to be considered in my application for admission to Faith Baptist School and understand that the information will be held in confidence by the school and will not be released to me or anyone else. I understand that this questionnaire will be mailed to Faith Baptist School by the person completing the information below.

Signature of Applicant: _____ Date: _____

Reference

This portion is to be completed by the reference. Please complete and send this form to the Admissions Office at the address above at your earliest convenience. Thank you.

Your Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: (____) _____ Email: _____

How long have you known the applicant? _____ years _____ months

In what age category are you? 21-24 25-35 36-49 50+

In what capacity have you known the applicant? Employer Pastor Teacher Principal Friend Other _____

Briefly describe to what extent you believe you know the applicant: _____

Please use the following scale and questions to help us get to know the applicant. Circle the number that you think most appropriately describes the applicant. If you do not know the answer to a particular category, leave the category blank. If additional space is necessary, please attach a separate sheet of paper.

Scale:	5 - Excellent	4 - Above Average	3 - Average	2 - Below Average	1 - Poor		5	4	3	2	1
Attitude and Actions toward Parents	5	4	3	2	1	Respect for Authority	5	4	3	2	1
Involvement in the Local Church	5	4	3	2	1	Leadership Ability	5	4	3	2	1
Consistency in the Christian Life	5	4	3	2	1	Intellectual Ability	5	4	3	2	1
Character	5	4	3	2	1	Dependability	5	4	3	2	1
Ability to Cooperate and Work with Others	5	4	3	2	1	Moral Purity	5	4	3	2	1
Attitude and Actions toward the Opposite Sex	5	4	3	2	1	Personal Appearance	5	4	3	2	1
Desire for Spiritual Growth	5	4	3	2	1	Values Spiritual Things	5	4	3	2	1

Please continue on back side (optional)

High School Reference Form

1. What do you consider to be the applicant's greatest strengths? _____

2. What do you consider to be the applicant's greatest weakness? _____

3. Are you aware of any major physical or emotional problems, past or present, in the life of the applicant? If so, please explain. _____

4. Is there anything about this applicant which might be termed unusual or peculiar in his or her personality? _____

5. If you were a parent of a student who was the applicant's age, would you want your son or daughter to be closely associated with the applicant? If not, please explain. _____

6. Does the applicant's life indicate a conviction to live biblically and demonstrate separation from the actions, attitudes, and things of the world? If not, please explain. _____

7. Do you know of anything in the moral life of the applicant, past or present, which should enter into this evaluation? If so, please explain. _____

8. Is the applicant able to adjust to change with a cooperative spirit? Please give examples to support your answer. _____

9. Does the applicant demonstrate leadership ability? For example, is the applicant creative and able to implement his or her ideas? Is the applicant a leader or follower? _____

10. Is there additional information which, in your opinion, would especially qualify or disqualify the applicant from attending Faith Baptist School? _____

Signature of Reference: _____ Date: _____



Director of Admissions
 3607 Oleander Avenue
 Ft. Pierce, FL 34982
 Ph: 772-461-3607
 Fax: 772-461-4732
 Email: info@faithbaptistschool.org

Office Use Only

Date Received	Initial

5

High School Reference Form

Please fill out both sides as carefully and completely as possible. Please print.
 Please have these forms completed by a pastor, youth pastor, principal, teacher, guidance counselor, etc.
 Please use non-relatives if possible.

Applicant

This portion is to be completed by the applicant:

Name of Applicant: _____ Year Enrolling: _____

Birth Date: _____ Phone Number: (____) _____

Home Address: _____

City: _____ State: _____ Zip: _____

Name of Referent: _____

I am authorizing the release of the following information to be considered in my application for admission to Faith Baptist School and understand that the information will be held in confidence by the school and will not be released to me or anyone else. I understand that this questionnaire will be mailed to Faith Baptist School by the person completing the information below.

Signature of Applicant: _____ Date: _____

Reference

This portion is to be completed by the reference. Please complete and send this form to the Admissions Office at the address above at your earliest convenience. Thank you.

Your Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: (____) _____ Email: _____

How long have you known the applicant? _____ years _____ months

In what age category are you? 21-24 25-35 36-49 50+

In what capacity have you known the applicant? Employer Pastor Teacher Principal Friend Other _____

Briefly describe to what extent you believe you know the applicant: _____

Please use the following scale and questions to help us get to know the applicant. Circle the number that you think most appropriately describes the applicant. If you do not know the answer to a particular category, leave the category blank. If additional space is necessary, please attach a separate sheet of paper.

Scale:	5 - Excellent	4 - Above Average	3 - Average	2 - Below Average	1 - Poor		5	4	3	2	1
Attitude and Actions toward Parents	5	4	3	2	1	Respect for Authority	5	4	3	2	1
Involvement in the Local Church	5	4	3	2	1	Leadership Ability	5	4	3	2	1
Consistency in the Christian Life	5	4	3	2	1	Intellectual Ability	5	4	3	2	1
Character	5	4	3	2	1	Dependability	5	4	3	2	1
Ability to Cooperate and Work with Others	5	4	3	2	1	Moral Purity	5	4	3	2	1
Attitude and Actions toward the Opposite Sex	5	4	3	2	1	Personal Appearance	5	4	3	2	1
Desire for Spiritual Growth	5	4	3	2	1	Values Spiritual Things	5	4	3	2	1

Please continue on back side (optional)

High School Reference Form

1. What do you consider to be the applicant's greatest strengths? _____

2. What do you consider to be the applicant's greatest weakness? _____

3. Are you aware of any major physical or emotional problems, past or present, in the life of the applicant? If so, please explain. _____

4. Is there anything about this applicant which might be termed unusual or peculiar in his or her personality? _____

5. If you were a parent of a student who was the applicant's age, would you want your son or daughter to be closely associated with the applicant? If not, please explain. _____

6. Does the applicant's life indicate a conviction to live biblically and demonstrate separation from the actions, attitudes, and things of the world? If not, please explain. _____

7. Do you know of anything in the moral life of the applicant, past or present, which should enter into this evaluation? If so, please explain. _____

8. Is the applicant able to adjust to change with a cooperative spirit? Please give examples to support your answer. _____

9. Does the applicant demonstrate leadership ability? For example, is the applicant creative and able to implement his or her ideas? Is the applicant a leader or follower? _____

10. Is there additional information which, in your opinion, would especially qualify or disqualify the applicant from attending Faith Baptist School? _____

Signature of Reference: _____ Date: _____



Director of Admissions
 3607 Oleander Avenue
 Ft. Pierce, FL 34982
 Ph: 772-461-3607
 Fax: 772-461-4732
 Email: info@faithbaptistschool.org

Office Use Only

Date Received	Initial

5

High School Reference Form

Please fill out both sides as carefully and completely as possible. Please print.
 Please have these forms completed by a pastor, youth pastor, principal, teacher, guidance counselor, etc.
 Please use non-relatives if possible.

Applicant

This portion is to be completed by the applicant:

Name of Applicant: _____ Year Enrolling: _____

Birth Date: _____ Phone Number: (____) _____

Home Address: _____

City: _____ State: _____ Zip: _____

Name of Referent: _____

I am authorizing the release of the following information to be considered in my application for admission to Faith Baptist School and understand that the information will be held in confidence by the school and will not be released to me or anyone else. I understand that this questionnaire will be mailed to Faith Baptist School by the person completing the information below.

Signature of Applicant: _____ Date: _____

Reference

This portion is to be completed by the reference. Please complete and send this form to the Admissions Office at the address above at your earliest convenience. Thank you.

Your Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: (____) _____ Email: _____

How long have you known the applicant? _____ years _____ months

In what age category are you? 21-24 25-35 36-49 50+

In what capacity have you known the applicant? Employer Pastor Teacher Principal Friend Other _____

Briefly describe to what extent you believe you know the applicant: _____

Please use the following scale and questions to help us get to know the applicant. Circle the number that you think most appropriately describes the applicant. If you do not know the answer to a particular category, leave the category blank. If additional space is necessary, please attach a separate sheet of paper.

Scale:	5 - Excellent	4 - Above Average	3 - Average	2 - Below Average	1 - Poor		5	4	3	2	1
Attitude and Actions toward Parents	5	4	3	2	1	Respect for Authority	5	4	3	2	1
Involvement in the Local Church	5	4	3	2	1	Leadership Ability	5	4	3	2	1
Consistency in the Christian Life	5	4	3	2	1	Intellectual Ability	5	4	3	2	1
Character	5	4	3	2	1	Dependability	5	4	3	2	1
Ability to Cooperate and Work with Others	5	4	3	2	1	Moral Purity	5	4	3	2	1
Attitude and Actions toward the Opposite Sex	5	4	3	2	1	Personal Appearance	5	4	3	2	1
Desire for Spiritual Growth	5	4	3	2	1	Values Spiritual Things	5	4	3	2	1

Please continue on back side (optional)

High School Reference Form

1. What do you consider to be the applicant's greatest strengths? _____

2. What do you consider to be the applicant's greatest weakness? _____

3. Are you aware of any major physical or emotional problems, past or present, in the life of the applicant? If so, please explain. _____

4. Is there anything about this applicant which might be termed unusual or peculiar in his or her personality? _____

5. If you were a parent of a student who was the applicant's age, would you want your son or daughter to be closely associated with the applicant? If not, please explain. _____

6. Does the applicant's life indicate a conviction to live biblically and demonstrate separation from the actions, attitudes, and things of the world? If not, please explain. _____

7. Do you know of anything in the moral life of the applicant, past or present, which should enter into this evaluation? If so, please explain. _____

8. Is the applicant able to adjust to change with a cooperative spirit? Please give examples to support your answer. _____

9. Does the applicant demonstrate leadership ability? For example, is the applicant creative and able to implement his or her ideas? Is the applicant a leader or follower? _____

10. Is there additional information which, in your opinion, would especially qualify or disqualify the applicant from attending Faith Baptist School? _____

Signature of Reference: _____ Date: _____



Director of Admissions
 3607 Oleander Avenue
 Ft. Pierce, FL 34982
 Ph: 772-461-3607
 Fax: 772-461-4732
 Email: info@faithbaptistschool.org

Office Use Only

Date Received	Initial

6

Financial Assistance Request Form

Please fill out as carefully and completely as possible. Please print.

Today's Date: School Year Entering: Grade Entering:

Applicant Information

Name of Applicant: _____

Birth Date: _____ Phone Number: (____) _____

Home Address: _____

City: _____ State: _____ Zip: _____

Faith Baptist School financial assistance does not discriminate based upon race, gender, age or ethnic origin, but will be determined solely upon the financial qualifications and needs of the applicant.

Application for financial assistance does not guarantee that financial aid will be available. All financial assistance will be governed by the requirements of each scholarship.

Signing this application indicates a financial need in order to attend Faith Baptist School.

Parent's Signature: _____ Date: _____
(Legal Guardian)

Scholarship Information

- Work Scholarship**
 There are a limited number of work scholarships available for parents of students to work off a portion of their school bill. A financial disclosure is a requirement for this scholarship opportunity. The number of scholarships available will be determined each year based upon the size of enrollment and may be terminated at any time the school deems necessary. Parents will be asked to work a designated number of hours per week and will be given the equivalent of standard minimum wage toward the family's school bill for each hour worked.

- Dr. Terry L. Booher Scholarship**
 There are a limited number of these scholarships available. A financial disclosure is a requirement for this scholarship opportunity. There are also attendance and academic requirements for this scholarship. All funds from this scholarship will be paid directly to the school each month. The number of scholarships available will be determined each year based upon the size of the endowment fund and may be terminated at any time the school deems necessary. The scholarship may be for full or partial tuition which will be determined based upon review of each application by the scholarship's review board.

 A student under this scholarship must maintain a minimum of a 2.0 GPA (C average) at all times. The student may not be absent more than 5 days per nine weeks or more than 14 days for the year (rare exceptions may be made for extenuating circumstances). In the event the scholarship is forfeited for failure to meet the requirements, the entire proceeds of the scholarship already used will be owed and billed back to the student's bill.

- Pastors' Scholarship**
 This scholarship is available for families in which the father is currently holding the position of pastor of an organized church. This scholarship will provide one half of each child's tuition for the duration of the year. This will exclude any registration, book fees, uniforms or other fees associated with attending Faith Baptist School.

 A student under this scholarship must maintain a minimum of a 2.0 GPA (C average) at all times. The student may not be absent more than 5 days per nine weeks or more than 14 days for the year (rare exceptions may be made for extenuating circumstances). In the event the scholarship is forfeited for failure to meet the requirements, the entire proceeds of the scholarship already used will be owed and billed back to the student's bill.

- Referral Program**
 Families may receive one month of single student tuition for each family they refer who enrolls for the entire year. The credit will be taken off of the last month(s) of their tuition payment schedule. In order to qualify for a referral scholarship, you must fill out a referral form prior to the new family contacting the school for any information. There are no limits to the number of referrals you can make. Please use the referral forms made available to you in this book.



Director of Admissions
3607 Oleander Avenue
Ft. Pierce, FL 34982
Ph: 772-461-3607
Fax: 772-461-4732
Email: info@faithbaptistschool.org

7

Referral Forms

Please fill out card and submit it to the school office.

Referral Card

This is to introduce the _____ family to Faith Baptist School. I understand that if this family enrolls and attends FBS for the entire year, this entitles me to my last month's tuition free for the school year in which my student(s) is currently enrolled.

Referred by: _____ Date: _____

Referral Card

This is to introduce the _____ family to Faith Baptist School. I understand that if this family enrolls and attends FBS for the entire year, this entitles me to my last month's tuition free for the school year in which my student(s) is currently enrolled.

Referred by: _____ Date: _____

Referral Card

This is to introduce the _____ family to Faith Baptist School. I understand that if this family enrolls and attends FBS for the entire year, this entitles me to my last month's tuition free for the school year in which my student(s) is currently enrolled.

Referred by: _____ Date: _____