



TEMPLE
BAPTIST SCHOOL

76 Hawkins Lane • Asheville, North Carolina 28806 • 828-252- 3712
templegeneral@templebaptistschool.org

I anticipate
having a NC
Opportunity
Scholarship in
the 2024-25
school year

APPLICATION FOR STUDENT ADMISSION

Name _____
Last First Middle Name Student Prefers

Address _____
Street City State Zip Code

Sex _____ Birthdate _____ Birthplace _____ Home phone _____
Student's Student's Student's
Social Security Number _____ Cell Phone _____ Email _____

Mom's Email _____ Dad's Email _____

Last Grade Attended _____ Any Grade Repeated? _____ Grade Entering _____

LIST CHRONOLOGICALLY ALL SCHOOLS ATTENDED, INCLUDING PRE-FIRST GRADE

<u>DATE</u>	<u>GRADES</u>	<u>NAME OF SCHOOL</u>	<u>ADDRESS OF SCHOOL</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Ever dismissed or suspended at any school? If yes, please explain _____

PERSONAL AND FAMILY INFORMATION

Father (or guardian) Cell# _____ Mother (or guardian) Cell# _____

Name _____ Name _____

Occupation _____ Occupation _____

Employer _____ Phone _____ Employer _____ Phone _____

Marital Status: Single ___ Married ___ Widower ___
Separated ___ Divorced ___ Remarried ___
Marital Status: Single ___ Married ___ Widow ___
Separated ___ Divorced ___ Remarried ___

Are you a Christian? _____ On what do you
base your answer? _____
Are you a Christian? _____ On what do you
base your answer? _____

Temple Baptist School admits students of any race, color, and national or ethnic origin.

Family Church _____ Address _____ Pastor _____

Does family regularly attend Sunday School? _____ Church? _____

(To be completed by students in grades 7 through 12) Are you a Christian? _____ On what do you base your answer? _____

List below other children in your family (grades K-12) not being enrolled at Temple Baptist School.

NAME

GRADE

SCHOOL ATTENDING

PERSONAL REFERENCES (Other than Pastor)

Name

Address

Phone

Name

Address

Phone

EMERGENCY INFORMATION: Person(s) to contact in case of emergency

Name

Phone

Relationship to Student

First Choice _____

Second Choice _____

REASONS FOR DESIRING TO ENROLL YOUR CHILD(REN) IN TBS _____

PLEASE COMMENT ON:

Any habits your child needs help in overcoming: _____

The child's personality traits: (well-behaved, poised, responsible, congenial, reticent, temperamental, aggressive, domineering, fearful, etc.) _____

Any family circumstances the school should be aware of in working with your child: _____

Special abilities, awards, interests, hobbies: _____

AFTERCARE: _____ I will need aftercare from 12:00 until _____ (approximate time)

_____ I will need aftercare from dismissal until _____ (approximate time)

_____ I will not need aftercare. ***There is no aftercare on half days.***

ACADEMIC RECORD

Please indicate grades from student's latest report card. (Attach a copy of the latest report if available.)

Date of report _____

Period report covers (full year's averages preferred) From _____ to _____

Entering Grades 2 – 6

Subjects (Please list)	Grade
Reading _____	_____
Phonics _____	_____
Arithmetic _____	_____
Science _____	_____
Spelling _____	_____
Social Studies _____	_____
Other _____	_____

Entering Grades 7 – 12

Subjects (Please list)	Grade
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Has your child ever been tested for a learning disability or been in a learning disability program? _____

If yes, please describe the testing and / or program. _____

HEALTH INFORMATION

Please comment on the following as they pertain to the applicant:

Drug sensitivities _____

Allergies _____

Required medication (regular or periodic) _____

Nervous condition _____

Other health conditions _____

Does the child wear eyeglasses? _____ contacts? _____ At all times? _____

Indicate by a check which of the following illnesses the child has had.

_____ Measles (Red)	_____ Epilepsy	_____ Diabetes
_____ Measles (German)	_____ Tuberculosis	_____ Whooping Cough
_____ Mumps	_____ Chickenpox	_____ Rheumatic Fever
_____ Other: _____		

Family Physician _____ Phone _____

Any physical disability? (Speech, hearing, sight, heart condition, etc.) _____ If yes, please explain: _____

When I enroll my student, I give Temple Baptist School permission for my child to take part in all school activities, including bus trips, sports activities, and school sponsored trips away from the school premises. I also believe that discipline is necessary for the welfare of each student as well as for the entire school. I give my permission for my child's teacher and/or other agent of the school to make and enforce classroom regulations in a manner consistent with Christian principles and discipline as set forth in the Scriptures.

Should legal action, for any reason, be taken against Temple Baptist School or any employee or agent thereof, on my child's behalf and the school or its agent not be found at fault, I agree to pay any attorney fees, court fees, damages or other costs that Temple Baptist School or its agent should incur to defend itself against such action.

In case of an accident or illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call my physician and to follow his instructions. If it is impossible for the school to call my physician, the school may make whatever arrangements seem necessary.

Having carefully read all the information that has been given, I pledge my support to Temple Baptist School by:

1. Praying for the school
2. Upholding the school in:
 - A. Academic Excellence
 - B. Behavior Standards
 - C. Standards of Dress
 - D. Scriptural Teaching
3. Instructing and separating my child from carnal movies and TV programs, rock music, dancing, and worldly literature
4. Meeting financial obligations according to schedule

I realize that failure on my part as a parent or failure on the part of the student to comply with school policies in all areas will be grounds for dismissal.

Signed

Signed

Father

Date _____

Mother

Date

Notice of Nondiscriminatory Policy As To Students

The Temple Baptist School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.

For Office Use Only

Date Recv'd _____ Tested _____ Interviewed _____ Application Fee _____

Accepted _____ Waiting List _____ Rejected _____ Grade Placement _____

STATEMENT OF COOPERATION and WAIVER OF LIABILITY

It is my understanding that it is the policy of Temple Baptist School to make no refunds of application fees, and that registration fees may only be refundable if Temple Baptist School refuses enrollment prior to the first day of school. Refund of tuition fees is based on funds remaining after the tuition payer's incurred tuition costs, fees and other obligations are paid.

I give permission for my child(ren), whose name(s) is/are set forth below, to take part in all activities including recreational activities, bus/van trips, field trips, sports activities on the premises of Temple Baptist School, and/or facilities used by Temple Baptist School for the same, and School sponsored trips away from the School premises. I indemnify and save Temple Baptist School, Temple Baptist Church, its employees and agents harmless from any liability or medical payments resulting from my child(ren) participating in the above-mentioned activities. I understand that Temple Baptist School and Temple Baptist Church do not provide medical insurance coverage for my child(ren), and that any insurance offered is at no obligation, for my convenience and that I can choose to provide other insurance coverage of my own, and that any medical expenses incurred will be paid by either my own medical coverage or myself.

I also believe that discipline is necessary for the welfare of each student, as well as for the entire School. I give permission for my child's teacher and/or other agent of the School to make and enforce classroom regulations in a manner consistent with Christian principles and discipline as set forth in the Scriptures. I understand that certain policies of the school are stated in the school handbook and that the school reserves the right to make changes to the handbook at any time.

I further agree to hold the School and Church, and its agents harmless for any liability to my child(ren) or guardian or parent thereof because of any claims on behalf of my child(ren) against the School and/or Church, or any agent thereof because of any injury or alleged injury to my child(ren) unless the school is found negligent.

In the event that a photograph taken and/or used by Temple Baptist School has my child(ren) in it, I give permission for my child(ren)'s picture to be used in any publications or brochures, current or future, of Temple Baptist School.

Should legal action, for any reason, be taken against Temple Baptist School or Temple Baptist Church or any employee or agent thereof, on my child(ren)'s behalf and the School or Church or its agent(s) not be found at fault, I agree to pay any attorney fees, court fees, damages, or other costs that Temple Baptist School and/or Temple Baptist Church or its agent(s) should incur to defend or represent itself in/against such action. I further understand that it is the policy of Temple Baptist School and Temple Baptist Church to require withdrawal from the School commencing with the declaration of intent to pursue legal action against the School or Church or any of its agents.

The statement of cooperation portion of this form will be in effect for as long as my child(ren) listed (or others to be enrolled) attend Temple Baptist School whether it be in the pre-school, elementary, junior-senior high, after school care, or summer school. The waiver of liability portion remains in effect even if my child(ren) are no longer attending TBS.

I understand that should my marital/parental status change, it is my responsibility to have a corrected Statement of Cooperation and Waiver of Liability signed and updated and delivered to Temple Baptist School.

List children's names and grades:

Mother Date

Father Date

Signature of sole guardian Date

Signature of both parents