



# Northeast Baptist School

*Train up a child in the way he should go... Proverbs 22:6*

5225 I-20 Service Road  
West Monroe, LA 71292  
(318) 325-2077

Staple a recent family photo or an individual student photo here.

SSN: \_\_\_\_\_

## Student Application

\_\_\_ Records Request \_\_\_ SS Card

\_\_\_ Immunization Record

\_\_\_ Birth Certificate

Applying for Grade \_\_\_\_\_ (Please Print)  
to enter \_\_\_\_\_  
(mmddyy)

### I. Student Information

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

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

Student Cell Number \_\_\_\_\_

Birthdate \_\_\_\_\_ Present Age \_\_\_\_\_ Sex \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye Color \_\_\_\_\_

Church Member \_\_\_\_\_ (Yes) \_\_\_\_\_ (No) Church Name \_\_\_\_\_ City \_\_\_\_\_

Last School Attended \_\_\_\_\_ School Fax \_\_\_\_\_

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

School Phone \_\_\_\_\_ Grade Completed or Presently Enrolled \_\_\_\_\_

Is applicant in good standing and eligible to remain or return to present school \_\_\_\_\_ (Yes) \_\_\_\_\_ (No)

### II. Family Information

\_\_\_ Father

Name \_\_\_\_\_ Living with Child \_\_\_\_\_ (yes) \_\_\_\_\_ (no)

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

\_\_\_ Stepfather

Deceased \_\_\_\_\_ Divorced \_\_\_\_\_

\_\_\_ Guardian

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Email Address:** \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Church Membership: \_\_\_\_\_ City \_\_\_\_\_

\_\_\_ Mother

Name \_\_\_\_\_ Living with Child \_\_\_\_\_ (yes) \_\_\_\_\_ (no)

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

\_\_\_ Stepmother

Deceased \_\_\_\_\_ Divorced \_\_\_\_\_

\_\_\_ Guardian

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Email Address:** \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Church Membership: \_\_\_\_\_ City \_\_\_\_\_

Mail from NBS should be sent to: (check all that apply) \_\_\_ Mother \_\_\_ Father \_\_\_ Guardian

Email Newsletters will be sent to grandparents and relatives. Write email addresses to be included:

**Family Information (continued)**

Names of Brothers/Sisters	Birthdates
_____	_____
_____	_____
_____	_____

**III. General Student Information**

**If you answer *Yes* to any of the questions below, please give full particulars on a separate sheet of paper and attach to this application.**

Has your child...

YES	NO	
_____	_____	Repeated a grade in school?
_____	_____	Attended a summer school program?
_____	_____	Had disciplinary difficulties at school?
_____	_____	Been suspended from school?
_____	_____	Been expelled from school?
_____	_____	Had excessive absences from school?
_____	_____	Been diagnosed with a special learning problem?
_____	_____	Been diagnosed as having ADD or ADHD?
_____	_____	Been involved with drinking alcohol?
_____	_____	Been involved with taking or selling any type of illegal drugs?
_____	_____	Been admitted to any type of mental health or juvenile program?

If your child has other special concerns, problems, or abilities of which the school should be aware, please explain on a separate sheet of paper.

**IV. Student References (give at least three)**

Most Recent Teacher: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Most Recent Principal: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Current Sunday School Teacher: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Current Pastor: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Students in 7th-12th must have a letter of recommendation sent to NBS from their pastor.**

Other: \_\_\_\_\_

Phone: \_\_\_\_\_

**All information obtained from the references is confidential.**

How did you learn of Northeast Baptist School? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**V. Medical History**

Has your child had...	YES	NO		YES	NO		YES	NO
AIDS/HIV			Depression			Mental Disease		
Anemia			Diabetes			Pneumonia		
Anxiety			Glandular Disease			Rheumatic Fever		
Appendicitis			Heart Disease			Scarlet Fever		
Arthritis			Hepatitis			Sinus Trouble		
Asthma			Kidney Trouble			Thyroid Trouble		
Cerebral Palsy			Malaria			Tuberculosis		
Chicken Pox			Measles/Rubella			Typhoid Fever		
Colitis			Meningitis			Ulcers		
Convulsions/Seizures			Mononucleosis			Vertigo (dizziness)		

Circle the following symptoms that have been serious or frequent: Boils Bloody Sputum Chest Pain

Chronic Cough Colds Constipation Earaches Headache/Migraine Hoarseness Indigestion Jaundice  
 Nausea Nervousness Night Sweats Rapid Heartbeat Shortness of Breath Skin Trouble Sore Mouth  
 Sore Throat Sweating of Hands/Feet Swelling of Hands/Feet Urinary Symptoms

Has your child ever.....	YES	NO	If YES, explain below
Been unable to attend school because of health?			
Been unable to take physical education or participate in sports because of health?			
Been hospitalized for mental or nervous disorder?			
Had any serious illness, injury, or operation not listed above?			

Has your child had a professional....	YES	NO	Doctor's name	Date
VISION Exam				
HEARING Exam				
PHYSICAL Exam				
DENTAL Exam				

Does your child wear glasses? \_\_\_\_\_ hearing aid? \_\_\_\_\_

If your child has any unique health problems, please explain here or on a separate sheet of paper. \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

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## Statement of Cooperation

In making application on my child, \_\_\_\_\_ (child's name), it is my desire to have them complete the school year \_\_\_\_\_—\_\_\_\_\_. I understand that the policy of Northeast Baptist School is to make no refunds of registration fees.

I pledge my support to the school and its teachers in all matters. I support the school's stand on discipline and will also support the administration and teachers in this matter.

I further understand that should I choose the monthly payment plan for tuition, payments are due on the first of the month beginning on July 1st and ending on May 1st. A late fee of \$50.00 per child will be added to payments made after the 10th of the month with an additional \$10 each day of non-payment.

**Should tuition payments fall 30 days behind, I understand that students will no longer be allowed to attend classes until satisfactory arrangements are made to bring the account up to date.**

I also give permission for my child to take part in all school activities and school-sponsored trips, and absolve the school from liability to me or my child at school and during any school activity.

Northeast Baptist School's doctrinal belief is that the Holy Bible is God's Word without ANY error. Our Bible classes present their lessons based on the New International Version and the King James Version of the Scriptures. If or when interpretation of Scripture is needed, the Southern Baptist doctrinal position shall be our guide.

I have read the student handbook and will cooperate with the school to follow its procedures.

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Father or Guardian

Mother or Guardian