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Independent Baptist Academy

Email: independentbaptistacademy@gmail.com

Enrollment Application

Student Information

Full Name: _____ DOB: ____ / ____ / ____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Last School Attended: _____ Prior School Phone Number: _____

Gender: Male / Female Social Security No.: ____ - ____ - ____ Last Grade Completed: _____

Student's Place of Birth? _____ Student's Race/Ethnicity? _____

Is student a citizen of the United States? YES ☐ NO ☐ If no, does student hold a valid Green Card? YES ☐ NO ☐

Has the student ever made a profession of faith? YES ☐ NO ☐

Has student ever been diagnosed with a documented learning disability? YES ☐ NO ☐ If yes, explain: _____

Does student currently take any behavior modifying medications? YES ☐ NO ☐ If yes, explain: _____

Has the student ever been dismissed from a prior school? YES ☐ NO ☐

If yes, explain: _____

Please list the student's strengths and weaknesses: _____

Parent Information

**Parent/ Legal
Guardian 1:**

(Last)

(First)

**Primary Phone
Number:**

Type: Mobile / Work / Home

Secondary Phone Number:

Phone Type: Mobile / Work / Home

**Relation
to Child:**

Email Address:

Physical Address,
(if different from Child's
Address):

Street Address

Apartment/Unit #

City

State

ZIP Code

**What Church do
you Attend?**

Parent/Guardian Marital Status?

Married / Single / Divorced / Separated / Widowed

**Parent/ Legal
Guardian 2:**

(Last)

(First)

**Primary Phone
Number:**

Type: Mobile / Work / Home

Secondary Phone Number:

Phone Type: Mobile / Work / Home

**Relation
to Child:**

Email Address:

Physical Address,
(if different from Child's
Address):

Street Address

Apartment/Unit #

City

State

ZIP Code

**What Church do
you Attend?**

Emergency Contact

Please list three emergency contacts.

Emergency Contact 1:

Full Name: _____ Relationship: _____
Primary Phone: _____ Type: **Mobile / Work / Home**
Secondary Phone: _____ Type: **Mobile / Work / Home**

Emergency Contact 2:

Full Name: _____ Relationship: _____
Primary Phone: _____ Type: **Mobile / Work / Home**
Secondary Phone: _____ Type: **Mobile / Work / Home**

Emergency Contact 3:

Full Name: _____ Relationship: _____
Primary Phone: _____ Type: **Mobile / Work / Home**
Secondary Phone: _____ Type: **Mobile / Work / Home**

Financial Information

Who will be primarily responsible for tuition payments?

Is this person confident in their ability to make tuition payments in full and on-time?

YES
☐

NO
☐

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to enrollment, I understand that false or misleading information in my application or interview may result in my child's enrollment termination.

Signature: _____ Date: _____