

5704 CR17 S. Sebring, FL 33876

## Independent Baptist Academy

Phone: 863.658.2335 Fax: 863.473.8472

Handbook/Financial Responsibility
Email: independentbaptistacademy@gmail.com

Verification Form

Student Information					
Full Name:			DOB:	1	1
Last	First	M.I.			
Har	ndbook/Financial Responsi	bility Verification			
I have received and read the <b>Indep</b>	endent Baptist Academy Stude	ent/Parent Handbook i	n its entir	ety.	
As a student, I have read (or had re Independent Baptist Academy agre elsewhere.					ool, or
Student Signature:		Date:			
I have received and read the <b>Indep</b>	oendent Baptist Academy Stude	ent/Parent Handbook i	n its entire	ety.	
I agree to abide by all policies laid out in the Student/Parent Handbook.					
I have read and agree to fulfill the financial requirements at presented in the "Financial Responsibilities" section of the Student/Parent Handbook.					
As a parent, I have read the <b>Standards of Conduct</b> . I will cooperate with Independent Baptist Academy by seeing that my child maintains these high Christian standards whether at home, school, or elsewhere.					
Parent Signature:		_ Date:		_	