

First Baptist Church School
600 N. St. Mary's
P O Box 519
Beeville, TX 78104
361-358-4161

FOR OFFICE USE ONLY

Date Received _____
Enrollment Fee _____
Check # _____ **or Cash** _____
Receipt No. _____

2010-2011 APPLICATION INFORMATION

Child's Name _____

Age on Sept 1, 2010 _____ Birthdate _____ First _____ Middle _____ Name Called _____
Last _____ Birthplace _____ Grade in 2010- _____

Male ___ Female ___ SS# _____ Has your child ever been in School before? ___ Yes ___ No

Grade Completed as of August 31, 2010 _____ Where? _____
Name of School and Address _____

Custody:
Joint _____ Mother _____ Father _____ (IF OTHER THAN JOINT; PARTIES MUST PROVIDE LEGAL DOCUMENTATION)

Other: _____
Name _____ Tel. No _____ Relationship _____ Address _____

Father's Name _____ Mother's Name _____

Mailing Address _____ Mailing Address _____

Home Address _____ Home Address _____

Home Phone _____ Work Phone _____ Cell Phone _____ Home Phone _____ Work Phone _____ Cell Phone _____

E-Mail Address _____ E-Mail Address _____

Occupation _____ Occupation _____

Church Membership _____ Church Membership _____

I, _____ (Name) am responsible for tuition payments and agree to pay:
_____(Yes) or _____(No) Application Fee, due at time application is turned in to School Office.
_____(Yes) or _____(No) Materials/Book Fee due at time of application but no later than July 1st.
_____(Yes) or _____(No) Tuition per month for ten months (Per grade schedule as billed) due no later than the 15th of each month (August through May).

APPLICATION FEE and MATERIALS/BOOK FEES ARE NON-REFUNDABLE. REGISTRATION IS NOT COMPLETE UNTIL APPLICATION FEE IS PAID

Parent or Guardian's Signature *Date*

Person(s) approved to pick up your child: Provide Name and Telephone Number

Person(s) to call in an emergency if parents cannot be reached: Provide Name and Phone #

Person(s) who are not allowed information regarding your child; are not allowed to pick up your child (Provide legal documentation to verify same)