

# Application for Enrollment



SCHOOL YEAR: \_\_\_\_\_ - \_\_\_\_\_

New Student  Returning Student

Referred by: \_\_\_\_\_

Date Starting (if after the first day of school) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

## STUDENT INFORMATION

---

\_\_\_\_\_  
Last Name                                      First Name                                      MI                                      Name Student Prefers

Male  Female                      Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_                      Grade entering: \_\_\_\_\_

Ethnicity:\*  African American  Arabic  Asian  Caucasian  Hispanic  Indian  Decline to identify

*\*Pursuant to the Internal Revenue Service (IRS) regulations, Fairfax Baptist Temple Academy is required to file an Annual Certification of Racial Nondiscrimination (Form 5578). Identification is requested but not required.*

Church that student attends: \_\_\_\_\_ Phone: \_\_\_\_\_

School currently attending: \_\_\_\_\_

City/State/Phone: \_\_\_\_\_

Previously attended school(s):

\_\_\_\_\_  
School Name                                      City/State                                      Grade                                      Year

\_\_\_\_\_  
School Name                                      City/State                                      Grade                                      Year

\_\_\_\_\_  
School Name                                      City/State                                      Grade                                      Year

Was your child dismissed from any school for academic or behavioral issues? \_\_\_\_\_

## RELIGIOUS STATEMENT

---

Fairfax Baptist Temple Academy believes and teaches that salvation (being born again) is a personal decision. Salvation comes from a person believing and accepting by faith the death, burial, and resurrection of Jesus Christ and confessing/repenting to God of sin. Baptism by immersion is an act of personal obedience and identification with Christ after salvation.

**On the basis of the above definition, do you believe that the student is born again?**

Yes  No  Not sure

Fairfax Baptist Temple Academy

6401 Missionary Lane, Fairfax Station, VA 22039-1859 • phone 703-323-8100 • fax 703-250-8660 • FBTacademy.org

# PARENT/GUARDIAN INFORMATION

---

**PARENT ONE**    Father    Mother    Other \_\_\_\_\_  
(Please Specify)

\_\_\_\_\_  
Last Name                      First Name                      MI

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

\_\_\_\_\_  
Home Phone                      Cell Phone                      Work Phone                      Email Address

\_\_\_\_\_  
Employer                      Occupation

\_\_\_\_\_  
Current Church Membership                      Pastor's Name                      Church Phone

Do you regularly attend your church?    Yes    No, I attend approximately \_\_\_\_\_ times a year.

**PARENT TWO**    Father    Mother    Other \_\_\_\_\_  
(Please Specify)

\_\_\_\_\_  
Last Name                      First Name                      MI

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

\_\_\_\_\_  
Home Phone                      Cell Phone                      Work Phone                      Email Address

\_\_\_\_\_  
Employer                      Occupation

\_\_\_\_\_  
Current Church Membership                      Pastor's Name                      Church Phone

Do you regularly attend your church?    Yes    No, I attend approximately \_\_\_\_\_ times a year.

*\* Only necessary to complete if different from Parent One*

# AGREEMENT

---

I give consent for my child(ren)'s name(s) or picture(s) to appear in school publications, including our academy yearbook, newspaper, webpage, or social media. Student names are not used on the webpage or social media.

# FINANCIAL INFORMATION

**\*\*Please indicate who is responsible for all financial obligations to FBTA:**

_____	_____	_____	_____
Title	First Name	Last Name	Relationship
_____	_____	_____	_____
Mailing Address	City	State	Zip
_____	_____	_____	_____
Home Phone	Cell Phone	Work Phone	Email Address

Are there any outstanding financial obligations for this student at any other private or church school?  No  Yes

If yes, please indicate name and address of school: \_\_\_\_\_

*Payments are due on the 5th day of each month, and a late fee is applied to all delinquent accounts on the 15th. If full payment is not received by the last day of the month, the student(s) will not be admitted to school the following school day unless acceptable arrangements have been made with the finance office. Registration and supply fees are non-refundable in whole or in part. A \$100 withdrawal/dismissal processing fee will be applied for withdrawn/dismisssed students. Signature below affirms acceptance of all financial and stated guidelines of Fairfax Baptist Temple Academy.*

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

**\*\*NON-REFUNDABLE REGISTRATION FEE MUST ACCOMPANY APPLICATION**

OFFICE USE					
Reg. Date _____	Ck# _____	Cash Rec. # _____	\$ _____	AO _____	FO _____
Qualified Discounts: _____					