



**RAVENSWOOD BAPTIST CHRISTIAN SCHOOL**  
**2010/2011 SCHOOL YEAR—ENROLLMENT APPLICATION**

*Please print clearly. Please provide us with a current address. If you move; please give the office your new address.*

Date \_\_\_\_\_ New Enrollment  Re-enrollment  (please check one box) **Grade entering** \_\_\_\_\_

Student's Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Address: Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Age \_\_\_\_\_ Birth Date \_\_\_\_\_ Birthplace: (city, state, country) \_\_\_\_\_

Father's Name (Mr./Dr./Rev.) \_\_\_\_\_ Mother's Name (Mrs./Miss/Ms./Dr.) \_\_\_\_\_

Father's Employer \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Mother's Employer \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Mother's Cell Phone (\_\_\_\_) \_\_\_\_\_ Father's Cell Phone (\_\_\_\_) \_\_\_\_\_

Mother's Email address \_\_\_\_\_ Father's Email address \_\_\_\_\_

If parents are separated or divorced, with whom does the child live and who is the legal custodian? \_\_\_\_\_

**Emergency Information:** *Responsible adult to contact if the parents can't be reached: (This must be completed.)*

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**Child's Physician**

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**Church now attending** \_\_\_\_\_ **Attends Sunday School** Yes  No

**FOR NEW STUDENTS ONLY**

School attended last year \_\_\_\_\_

Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Student's grades have been: Superior  Above Avg.  Average  Below Avg.

Has student failed any grade Yes  No  If yes, which grade? \_\_\_\_\_

Has student been expelled from any school? Yes  No  If yes, why? \_\_\_\_\_

Reason for selecting Ravenswood Baptist Christian School \_\_\_\_\_

School recommended by: \_\_\_\_\_

**Please see other side.**

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PARENTS: IT IS REQUIRED THAT YOU READ THIS STATEMENT CAREFULLY AND SIGN IT BEFORE ENROLLMENT.

FOR ALL STUDENTS

RAVENSWOOD BAPTIST CHRISTIAN SCHOOL

STATEMENT OF COOPERATION

I will faithfully make the ten monthly installment payments of tuition on the first day of each month, unless I pay for the entire year in advance. If any child needs extended care, I will make the required weekly payments.

It is also my understanding that the policy of the school is to make no refunds on registration fees or on book fees once school starts. If for any reason the student is expelled, tuition paid for the month in which he or she is expelled will also not be refunded. In addition, school records will be not sent if the account is not current.

A monthly tuition installment will be considered past due on the 11th day of each month. After the 10th of each month, a forty dollar (\$40) late fee will be added to your late tuition payment.

Any account past due for 30 days will result in suspension of my child until payment is received in full. Any check returned from the bank for any reason will be assessed a twenty dollar (\$20) fee and require future payments to be made by money order. We also are accepting Debit, Visa, Discover, American Express and Master Card payments. We would appreciate debit card payments because they do not incur a fee for the school.

I also give permission for my child to take part in school activities, including sports and school sponsored trips away from the school premises. I absolve the school from liability to me or my child because of any injury to my child at school or during any school activity.

Parent's signature (father)

Parent's signature (mother)

Office Use Only

\$ \_\_\_\_\_ Registration fee—date, initialed \_\_\_\_\_ Date withdrawn \_\_\_\_\_

\$ \_\_\_\_\_ Book fee—date, initialed \_\_\_\_\_ Date transfer mailed, initialed \_\_\_\_\_

\$ \_\_\_\_\_ P.E. uniform—date, initialed \_\_\_\_\_ Date account paid in full \_\_\_\_\_

We reserve the right to make policy changes as needed.