







What church membership does your family hold? \_\_\_\_\_

Do you attend church and/or Sunday School regularly? \_\_\_\_\_ Mother \_\_\_\_\_ Father

Does the student seeking admission attend regularly? \_\_\_\_\_ Sunday School \_\_\_\_\_ Church

Would you consider your family "active" members of this congregation? \_\_\_\_\_ Yes \_\_\_\_\_ Not really

Do you serve in any capacity/ministry? \_\_\_\_\_ If yes, what do you do? \_\_\_\_\_

To the best of your knowledge, has the student seeking admission made a profession of faith in Jesus Christ? \_\_\_\_\_

If yes, when was the profession made? \_\_\_\_\_

Listed here for your reference is the **Statement of Faith** for First Baptist School of Laurel. Please read it and respond to the question following it.

1. We believe the Bible to be inspired, infallible, authoritative, inerrant Word of God (2 Timothy 3:16, 2 Peter 1:21)
2. We believe there is one God, eternally existent in three persons, Father, Son, and Holy Spirit (Genesis 1:1, Matthew 28:19, John 10:30)
3. We believe in:
  - The deity of Christ (John 10:33)
  - His virgin birth (Isaiah 7:14, Matthew 1:23, Luke 1:35)
  - His sinless life (Hebrews 4:15)
  - His miraculous power (John 2:11)
  - His vicarious and atoning death (1 Corinthians 15:3, Ephesians 1:7)
  - His resurrection (John 11:25, 1 Corinthians 15:4)
  - His ascension to the right hand of God (Mark 16:19)
  - His personal return in power and glory (Acts 1:11, Revelation 19:11)
4. We believe in the absolute necessity of regeneration by the Holy Spirit for salvation because of the exceeding sinfulness of human nature, and that we are justified on the single ground of faith in the shed blood of Christ, provided solely by God's unmerited grace, and apart from any works of our own (John 3:16-19, Romans 3:23, Romans 5:8, Titus 3:15)
5. We believe in the resurrection of both the saved and the lost, and the final judgment of all humanity (John 5:28-29)
6. We believe in the spiritual unity of believers in our Lord Jesus Christ, that we form the family of God (Romans 8:9, 1 Corinthians 12:12-13)
7. We believe in the present ministry of the Holy Spirit by whose indwelling the Christian is able to live a godly life (Romans 8:13-14, 1 Corinthians 3:16, Ephesians 4:30)

Do you agree with and can you fully support this Statement of Faith if your child is selected for admission to First Baptist School of Laurel? \_\_\_\_\_ Yes \_\_\_\_\_ No (If no, please explain in the space below.)

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# Academic Information

Academic assessment is an important part of the admission process at First Baptist School of Laurel, we know, however, and that testing does not always give the complete picture of each child as a student. As you consider the question below, please thoughtfully provide the information requested.

What school is the child currently attending and in what grade? \_\_\_\_\_

What other school(s) has this child attended?

**Name of School**

**Grade/Dates Attended**

Name of School	Grade/Dates Attended
_____	_____
_____	_____
_____	_____

Has this student ever been suspended, expelled, or asked to withdraw from another school? \_\_\_\_\_

If yes, please explain the circumstances.

\_\_\_\_\_

\_\_\_\_\_

Would you say that your child learns new things \_\_\_\_\_ easily, \_\_\_\_\_ at an average pace, \_\_\_\_\_ with some difficulty, or \_\_\_\_\_ with great difficulty?

How eager is your child to learn new things? \_\_\_\_\_ Very eager, \_\_\_\_\_ Somewhat eager, \_\_\_\_\_ Not at all eager

Does your child possess any exceptional talents and/or abilities? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please describe them.

\_\_\_\_\_

\_\_\_\_\_

Has a pediatrician or other medical professional suggested that you have your child tested for learning or attention disorders, including speech, language, and/or articulation? \_\_\_\_\_ Yes \_\_\_\_\_ No

Does your child have a diagnosed disorder? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, what is the diagnosis? \_\_\_\_\_

Does this diagnosis require medication to be taken on a daily basis? \_\_\_\_\_ Yes \_\_\_\_\_ No

Does your child have or qualify for an IEP from a public school due to being identified with a learning disability including speech, language, and/or articulation disorders? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, is it your intent to begin special education services while your child is enrolled in First Baptist School? \_\_\_\_\_ Yes \_\_\_\_\_ No

Does your child have any physical limitations or need for modification to the general learning environment in order to accommodate his or her full participation? (i.e.: loss of hearing or vision, need for wheelchair access, etc.) \_\_\_\_\_ Yes \_\_\_\_\_ No  
If so, please describe in the space on the following page the nature of the limitations and the modification needed.

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Is there any other information you can share about your child that would be helpful for his/her teachers in working with your child? Please detail that information below.

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By completing and signing this application for admission to First Baptist School of Laurel, I am expressing my intent for my child to proceed through the registration and enrollment process. I will provide the school with any and all required documentation before my child can begin attendance, including a complete immunization record, lead screening test results, a copy of my child's birth certificate, and a doctor's evaluation of my child's general health. The processing fee I am paying to secure an interview in First Baptist School for my child is non-refundable. Upon acceptance, I will be required to pay a non-refundable registration fee, which will secure my child a space in First Baptist School of Laurel for the 2010-2011 school year.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date of Application

## For Administrative Use Only:

Date Application Received: \_\_\_\_\_

Date of Academic Assessment: \_\_\_\_\_

Date of Family Interview: \_\_\_\_\_

Date Registration Fee Received: \_\_\_\_\_

Date Book Fee Received: \_\_\_\_\_

Notes from Interview/Assessment:

Admission Decision: \_\_\_\_\_ Admit      Grade Level: \_\_\_\_\_

\_\_\_\_\_ Decline      Reason: \_\_\_\_\_

\_\_\_\_\_  
Administrator/Designee Signature

\_\_\_\_\_  
Date