



"Teach them the good way  
wherein they should walk..."  
1 Kings 8:36

# COVENANT BAPTIST ACADEMY

PO BOX 89 • 112 KEY KYLE ROAD • SWEETWATER, TENNESSEE 37874  
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www.covenantbaptistacademy.org • covenant@charterinternet.com

## Student Application

Date \_\_\_\_\_ Grade \_\_\_\_\_

### Student Information: (Please Print)

Student's Name \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_  
(Street) (P.O. Box)  
\_\_\_\_\_  
(City) (State) (Zip)

Phone Number (\_\_\_\_) \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(Month) (Day) (Year)

Student's Age \_\_\_\_\_ Place of Birth \_\_\_\_\_

Brothers/Sisters (School Age) Use back if more space is needed

(Name)	(Age)	(Grade)	(School)
_____	_____	_____	_____
_____	_____	_____	_____

### Parent/Guardian Information: (Please Print) Parents \_\_\_\_\_ Guardians \_\_\_\_\_

Name/s \_\_\_\_\_  
\_\_\_\_\_

Address and Phone Number (IF different from student's)

Address \_\_\_\_\_  
(Street) (P.O. Box)  
\_\_\_\_\_  
(City) (State) (Zip)

Phone Number (\_\_\_\_) \_\_\_\_\_ Person Responsible for payment? \_\_\_\_\_

### Employer Information: List Employer's Name - Phone #- Ext. #- May we call (Y/N)

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

**Education Information:**

List all schools/daycares attended. Please include mailing address of most recent school. If more space is needed, please continue on back of page.

Name of School/Daycare

Address

\_\_\_\_\_  
\_\_\_\_\_

Has this student been retained in a grade? \_\_\_\_\_ If yes, which grade? \_\_\_\_\_

Has this student ever been suspended from school? \_\_\_\_\_ If yes, explain why \_\_\_\_\_

Has this student ever been expelled from school? \_\_\_\_\_ If yes, explain why \_\_\_\_\_

Does this student have any physical or emotional problems which require special medication? \_\_\_\_\_  
If yes, please explain \_\_\_\_\_

Will medication need to be given while at school? If yes, explain time to be given, how much, etc. You will need to sign below giving permission for school staff to administer medication to your child.

I give permission for staff of Covenant Baptist Academy to administer medication listed to my child \_\_\_\_\_, at the times stated.

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Medication)

\_\_\_\_\_  
(Time to be given)

\_\_\_\_\_  
(Medication)

\_\_\_\_\_  
(Time to be given)

**Medical Information:**

Child's Doctor \_\_\_\_\_ Phone Number (\_\_\_\_\_) \_\_\_\_\_

Does your child have allergies? Yes \_\_\_\_ No \_\_\_\_ If yes, please explain \_\_\_\_\_

Does your child have any other medical conditions or special needs of which the school should be aware?  
Yes \_\_\_\_ No \_\_\_\_ If yes, please explain \_\_\_\_\_

Name of Insurance carrier \_\_\_\_\_

Policy # \_\_\_\_\_

I verify that the above information is correct to the best of my knowledge.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Church Related Data:**

Do you consider your home to be a Christian home? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your family attend church? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please give name of church: \_\_\_\_\_

Are you a member? Yes \_\_\_\_\_ No \_\_\_\_\_ Do you and your family attend Sunday School? Yes \_\_\_\_\_ No \_\_\_\_\_

Explain briefly why you want a Christian education for your child/children.

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**Parental Agreement for Church Attendance:**

Every family connected with Covenant Baptist Academy is required to become part of a local church and to attend regularly. We will be teaching your child/children the importance of God in their lives and encouraging them to be active in a Bible believing church. We would be delighted to have you become a part of Fairview Baptist Tabernacle Church, IF you are not already active in another church.

\_\_\_\_\_  
(Parent /Guardian Signature)

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Date)

**Other Data:**

Do you feel that your child needs special attention or consideration? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain

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What do you expect Covenant Baptist Academy to do for your child? \_\_\_\_\_

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How did you hear about Covenant Baptist Academy? \_\_\_\_\_

If someone referred you, please give their name. \_\_\_\_\_

If you have other school age children, that will not be enrolling, explain why. \_\_\_\_\_

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**Consent for Medical Treatment:**

In the event that my child becomes ill or is injured while under the school supervision, I authorize the school to take the following steps:

1. Contact a parent or legal guardian of the student and follow his or her instructions.
2. In the event of an emergency when a parent or guardian can not be reached immediately, the school authorities are hereby authorized to use their best judgment in contacting a properly licensed physician or in transporting my child to the nearest medical treatment center for consultation and treatment. Such transportation is to be done by school provided transportation or, if school officials deem it wise, by ambulance.
3. If, in the opinion of a properly licensed and practicing physician, my child needs medical or surgical services which require consent before being supplied, and I can not be reached, I hereby authorize, appoint, and empower the principal or his/her designated representative, to furnish on my behalf such written or oral authorization as may be so required.

I release the principal or his/her designated representative and Covenant Baptist Academy from any liability which might arise as the result of medical service and treatment provided by any hospital or physician pursuant to such authorization, it being my desire that my child be furnished with such medical or surgical services as soon as possible after the need arises.

I agree to be responsible for my cost of medical service or treatment to my child or children as the result of the above authorization and agree to indemnify and hold harmless Covenant Baptist Academy, the principal, or his/her representative from any expense incurred for said treatment of services.

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

Notary \_\_\_\_\_

Date \_\_\_\_\_

Commission expires \_\_\_\_\_

**Tuition:**

Tuition is divided into ten payments with the first payment due the first day of school in August and the last payment due May 1. Monthly payments are due the first of each month, with the exception of August payment.

Accounts not paid by the end of the month, will be charged a late fee of \$20.00.

A returned check will be charged a fee of \$20.00, which will be paid at the time the check is made good. A returned check must be cleared by cash or money order rather than another check. After a second check is returned, account will be put on cash or money order only status.

If you are more than 30 days late, your child may not return to class on the 31<sup>st</sup> day. Your child will be allowed to return as soon as your tuition and late charges have been paid, bringing your account up to date.

**NO TRANSCRIPTS, BOOKS, OR REPORT CARDS WILL BE ISSUED UNTIL ALL ACCOUNTS ARE PAID IN FULL.**

Should a student withdraw or be asked to withdraw from school, no tuition will be refunded for the last month during which the student was enrolled.

If for some reason there is a problem with paying your account on time, parent may appeal to the School Board in writing before the end of the month in which payment is due.

**Registration Fees:**

Registration fees must be paid when the student is registered for school.

Registration fees are non-refundable unless Covenant Baptist Academy fails to provide enrollment of student.

**I/We certify that I/We have read the Student Application, including the Consent for Medical Treatment and the Parent or Guardian Agreement, and I/We do agree to comply with the terms and conditions stated therein, and furthermore accept the conditions and requirements of all other official policies and procedures of Covenant Baptist Academy, including the payment of all fees and charges according to the published schedule of school.**

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary

\_\_\_\_\_  
Date

\_\_\_\_\_  
Commission Expires

**CBA Lice Policy:**

The presence of head lice is not an indicator of social class or cleanliness, and though it is a significant nuisance it generally poses no health threat.

The policy of the school is to notify parents when lice are found on a child. **The student must be treated and all nits removed prior to returning to school.** A parent must accompany the child to the school office upon his/her return to school to receive permission for readmission or obtain a Nit-free note from the Health Department.

We will conduct school-wide lice checks subsequently throughout the year. Continued absences due to the presence of lice and/or nits will be considered unexcused.

We can't exterminate head lice, but working together we can attempt to slow its spread.

Thank you for your cooperation.

Sincerely,

Sandra T. Murdock  
Principal  
Covenant Baptist Academy

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I have read the school letter on head lice and understand that children found to have a lice infestation can only return to school when accompanied by a parent and free of ALL nits (or obtain a Nit-free note from the Health Department).

\_\_\_\_\_  
(Student Name)

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

**Transportation Information:**

List below persons you authorize to pick up your child/children from Covenant Baptist Academy. Students will NOT be allowed to leave with anyone who is not on the list!!

Name	Phone #	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please do NOT release my child to: \_\_\_\_\_

**Persons to notify in case of emergency:**

Name	Phone #	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

\_\_\_\_\_  
(Student Name)

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

**Permission for Pictures and Publications:**

Dear Parents,

We would like to highlight the achievement of students and promote our school by placing pictures of them actively involved in their various classroom projects. These photos will be used to create posters, displays, featured on the school website, facebook, and in school brochures.

We are requesting your written permission before a picture of your child is used. Names or other identifying information will not be included. Most photos will be of small groups in action.

Check one:

Yes, I give my permission for my child's picture to be used in school publication including the school website and displays.

No, I do not give my permission for my child's picture to be used in school publications including the school website and displays.

Please sign and return.

\_\_\_\_\_  
(Student Name)

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)