



School Year 20____-20____

Apollo Beach Christian Preschool

6414 Golf and Sea Blvd. Apollo Beach 33572
Phone: (813) 641-2201 Email: abcpinfo@bsbacademy.com
Website: www.bsbacademy.com

STUDENT APPLICATION FORM

STUDENT

Last Name _____ First _____ Middle _____

Male _____ Female _____ Date of Birth _____

Ethnicity (Optional) African American Caucasian Middle Eastern Multiracial _____

Asian American Latino/Hispanic Native American Other _____

Primary language spoken in the home (optional) _____

Student's Present Address _____ City _____ Zip _____

Phone _____

Student lives with (*check any that apply*) If "other" please specify person/relationship.

Mother Father Stepmother Stepfather Other _____

Father is deceased Mother is deceased Parents are divorced Parents are separated

Siblings' names, grades and schools attending: _____

PARENT(S)

Father's Name _____ Address _____ City _____ Zip _____

Father's Home #: _____ Father's Cell #: _____ Father's work #: _____

Father's Employer _____ Occupation _____

Father's E-mail _____

Mother's Name _____ Address _____ City _____ Zip _____

Mother's Home #: _____ Mother's Cell #: _____ Mother's work #: _____

Mother's Employer _____ Occupation _____

Mother's E-mail _____

Enrollment: (2 day option is Monday and Friday) (3 day option is Tuesday - Thursday)

____ Young 3 Year Old ____ 2 day ____ 3 day
____ 3 Year Old (half day) ____ 2 day ____ 3 day ____ 5 day
____ 3 Year Old (full day) ____ 3 day ____ 5 day
____ 4 Year Old (VPK only) ____ 5 day 12:30-3:30pm
____ VPK Plus (half day) ____ 3 day ____ 5 day
____ VPK Plus (full day) ____ 3 day ____ 5 day

Please check all that apply:

____ Returning student
____ New student
____ Has older ABCP sibling
____ BSBC church member
____ ABCP staff

CHURCH

Name of church family attends: _____ No. of yrs. _____

Does your family (child) attend church regularly? _____

MEDICAL INFORMATION

Does the student have any physical, emotional, mental problems or handicaps that may affect activities or progress? Yes ___ No ___

If yes, Please explain: _____

Has the student ever been seen by a psychologist or psychiatrist, or educational testing for learning difficulty? Yes ___ No ___

If yes, explain: _____

SCHOOL:

Previous school attended (if any) _____

Address _____ City _____ State _____ Zip _____

Reason for leaving last school:

Has student had any discipline problems? _____

How did you learn about our school? ___ ABCP Family ___ Friend ___ Relative ___ Neighbor ___ Church

___ Internet ___ Newspaper ___ Co-worker ___ Yellow Pages ___ Radio ___ Other; specify _____

Please write a short paragraph to describe why you would like your son/daughter to attend Apollo Beach campus of BSBA.

ALL PARENTS:

Who has legal custody of the student for whom this application is made? _____

A current copy of any legal documents must be kept on file in the office. It is the sole responsibility of the parent to provide the school with any changes or updated legal documents.

I (We) understand that all State of Florida immunization and physical examination requirements must be met as part of the enrollment process (Charter 232.032 Florida Statutes) and forms must be on file before the first day of school or attendance will be denied.

Signature of parent or guardian enrolling student: _____ Date: _____

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Consistent with Christian principles, Bell Shoals Baptist Academy/ ABCP does not discriminate with regard to race, sex or national origin in the administration of its educational policies, athletic or other school-administered programs.