

Holy Ground Baptist Academy

1355 N. Hwy 27, Roopville, GA. 30170

Enrollment Agreement

School Year: _____

Grade to Enter: _____ Date application received: _____

Student Information

Student Name: _____ Date of Birth: _____
Last First Middle

Street Address: _____ SS#: _____

City: _____ State: _____ Zip code: _____

Student's birth date:(M/D/Y) ____/____/____ Sex: M F Age (as of First day of school): _____

Parent/Legal Guardian Name: _____ Phone #: _____

Student phone #: _____ Student e-mail address: _____

Student allergies or medications: _____

(These will be addressed on the separate medical authorization/release form)

Parent Information

Father's name: _____ Phone: _____

Employer: _____ Occupation: _____

E-mail address: _____

Mother's name: _____ Phone: _____

Employer: _____ Occupation: _____

E-mail address: _____

Parents' Marital Status (Circle one) Married Widowed Separated* Divorced*

*If parents are separated or divorced, with whom does the student live? _____

*School office must have a copy of custody agreement for student file. The student will be released to both parents unless we have signed court documents stating otherwise.

Student's Religious Background

Current church attending: _____ City/State: _____

Church Member: Yes No Regularly attending: Yes No

Pastor's Name: _____

Has student professed to have a personal relationship with Jesus Christ: _____

Parent/Guardian Religious Background

Current church attending: _____ City/State: _____

Pastor's Name: _____

Have student's parents (either or both) professed to have a personal relationship with Jesus Christ?

Yes No

Emergency Contact Information

Emergency contact person: _____ Daytime phone #: _____

Relationship to student: _____

Physician: _____ Phone #: _____

Medical conditions: _____
(Details about child's medical conditions will be explained on the medical authorization & release form)

Names of Persons Authorized to pick up child:
(Other than father and mother)

Name	Relationship	Contact Number(s)

Student's Educational Background (New enrollment only)

Name of school last attended: _____

Address of school: _____

Phone number: _____ Administrator's name: _____

Dates attended: _____

Do you (as parent/guardian) have reason to suspect a reading or learning disability in your child? If yes, please explain:

Has your child ever had an IEP (individualized education plan) in place in an educational setting?

Has your child ever been diagnosed with special needs? _____

If yes, please explain: _____

Has your child ever been recommended for, referred to, or received behavioral or psychological counseling? If yes, explain: _____

Has your child ever been arrested or charged with a civil infraction or a crime? _____

Please explain: _____

Has the student ever been suspended from, expelled from, or asked not to return to school for any reason? _____

If yes, please explain: _____

List any other factors in your child's life that would be helpful for the school to know (absence or death of a parent, traumatic incidents/accidents, etc...): _____

Statement of Understanding and Agreement

We, the undersigned, enroll _____ in Holy Ground Baptist Academy for the 2023-2024 school year. In consideration of HGBA's acceptance of this agreement and enrollment of said student, we the undersigned agree jointly and severally to the following terms and conditions:

Parental Support Statement

I have read and agree with the following statement:

The staff desires a harmonious relationship with parents. If parents have a question about a school policy or an event that involves their child, they are to notify the child's teacher. An effort will be made to resolve any differences and maintain excellent communication between parents and ministry staff.

Parental support is an essential part of the educational process. If in the sole discretion of the administration, a parent has failed to support the ministry staff or the school's policies and procedures, including the code of conduct, which is based on the statement of faith, the administration reserves the right to deny the student continued enrollment in the school.

Parent signature: _____ Date: _____

Parent signature: _____ Date: _____

Checklist of Enrollment Items Required: (FOR OFFICE USE)

FORMS	DATE RECEIVED
Enrollment Application	
Parental Agreement	
Copy of Birth Certificate	
Copy of Social Security Card	
Current Immunization Form 3231	
Transcript Request Form (new students)	
Pastor Referral Letter	
Letter of Reference	
Letter of References	
Records from previous school	
FEES	DATE RECEIVED
Enrollment Fee (Due at enrollment)	
Book & Supply (Due by June 1st)	
1 st month tuition (Due by July 20th)	