

# OPEN BIBLE CHRISTIAN ACADEMY

13 Open Bible Way, Kingsville, MD 21087  
PHONE: 410-593-9940 FAX: 410-593-9942  
office@openbiblechristianacademy.org

FOR OFFICE USE ONLY: Application Received _____ Application Fee Paid _____ Cash _____ Check # _____
--

## APPLICATION FOR ADMISSION

Student's Full Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

last first middle

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Family Email Address: \_\_\_\_\_ Student's Cell # \_\_\_\_\_

Student's Date of Birth \_\_\_\_\_ Student's Social Security Number \_\_\_\_\_

Grade Applying for: \_\_\_\_\_ Date Entering \_\_\_\_\_

(K3 or K4: Half Day \_\_\_\_\_ Full Day \_\_\_\_\_ / 3 Day \_\_\_\_\_ 5 Day \_\_\_\_\_) (K5: Half Day \_\_\_\_\_ Full Day \_\_\_\_\_)

Last School Attended (give complete address) \_\_\_\_\_

Why are you choosing another school? \_\_\_\_\_

What grade (s) if any has the child repeated? \_\_\_\_\_

Has this student ever been asked to leave a prior school for any reason? \_\_\_\_\_ If so, explain \_\_\_\_\_

Has this student had prior problems with legal authorities? \_\_\_\_\_ If so, what? \_\_\_\_\_

Has this student had prior problems with drugs, alcohol, or tobacco? \_\_\_\_\_ If so, what? \_\_\_\_\_

Church Family Attends/Address \_\_\_\_\_

Pastor \_\_\_\_\_ Does your family attend Sunday School? \_\_\_\_\_ Have regular devotions? \_\_\_\_\_

<p>Father's Name: Address:  Home Phone: Work Phone: Cell Phone: Email: Occupation: Employer: Please check if any of the following apply: Widow ___ Separated ___ Divorced ___ Remarried ___ Are you living with a person other than your spouse? Yes ___ No ___ If yes, what is your relationship to this person? _____ Does the child reside with father? _____</p>	<p>Mother's Name: Address:  Home Phone: Work Phone: Cell Phone: Email: Occupation: Employer: Please check if any of the following apply: Widow ___ Separated ___ Divorced ___ Remarried ___ Are you living with a person other than your spouse? Yes ___ No ___ If yes, what is your relationship to this person? _____ Does the child reside with mother? _____</p>
--	--

<p><b>Paternal Grandparents</b></p> <p>Name: Address: Day Phone:  Name: Address: Day Phone:</p>	<p><b>Maternal Grandparents</b></p> <p>Name: Address: Day Phone:  Name: Address: Day Phone:</p>
---	---

PLEASE COMPLETE REVERSE SIDE OF APPLICATION

**COOL CLUB:**

Part-time (up to 5 times/week) \_\_\_\_\_ Full-time (6-10 times/week) \_\_\_\_\_

**Financial:**

The non-refundable application fee of \$50.00 (K4-12) must accompany application.

The non-refundable registration/book/activity fee of \$300.00 (K3-K4) \$495.00 (K5-12) is paid upon acceptance to confirm placement.

Tuition: (select one) (All Tuition will be paid through FACTS.)

\_\_\_\_\_ Payment in full (due on or before August 15) - 2% discount

\_\_\_\_\_ Semi-Annual Payments (due on August 15 and January 15) – no discount - FACTS fee

\_\_\_\_\_ 10 monthly payments – July through April - FACTS fee

**Comments:** (Any information that would be helpful to the school, including special needs or health concerns):

Referred by: \_\_\_\_\_

*All information given on this form is accurate and truthful. We agree to accept the Christian education philosophies and spiritual standards and to abide by the rules and regulations of Open Bible Christian Academy. Application is incomplete if no signature provided*

*Signed:*

*Student (Grade 4 and above)*

*Parent*

*Parent*

*Date*

*Any misrepresentation will be cause for immediate dismissal of your child(ren) from school.*

\*\*All students are accepted for the first ninety days on a trial basis to assure and accurate fit for every student and family.

I give my permission for Open Bible Christian Academy to use my child's photo for advertising purposes.

\_\_\_\_\_  
Parent's Signature

# Open Bible Christian Academy

13 Open Bible Way  
Kingsville, MD 21087  
410-593-9940

## REQUEST FOR STUDENT RECORDS

School: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Dear Principal/Counselor,

The following student(s) have enrolled for the \_\_\_\_\_ school year at Open Bible Christian Academy. Please release their academic and health records.

Student Name	Entering Grade
_____	_____
_____	_____
_____	_____

Please forward all records to my attention. Thank you for your cooperation.

Sincerely,

Mindy Miles  
Administrative Assistant

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

# OPEN BIBLE CHRISTIAN ACADEMY

## School-Family Commitment

DATE\_\_\_\_\_

Dear \_\_\_\_\_

Welcome to Open Bible Christian Academy. We are happy to have your student registered in our program. It is our desire to provide the best quality education for your child. He/She will learn skills that will prepare him/her for the future.

Open Bible Christian Academy believes that for the best possible education of the child, there needs to be an ongoing cooperation between parent and school. We believe and teach that children are to be obedient to their parents. While your child is here, the teacher assumes the awesome temporary role of the parent. It is imperative that the child understands that he/she is to obey the teacher.

Working together for these beloved children will bring about the best possible results so we ask you to join us in this commitment by signing the contract below:

-----  
Be it resolved that we the undersigned propose to cooperate by instilling in our children the desire to follow and obey school policies and procedures.

1. The faculty and staff of Open Bible Christian Academy will do all in its authority (within the acceptable parameters of school policy) to nurture, encourage, edify, and motivate your child.
2. Parents will support the faculty and staff by encouraging these character traits in the life of the child: reverence, respect for others, and obedience to authority.
3. The student will understand that he/she is responsible for proper behavior in class, treating teachers and other students with respect, and understand that he/she is obligated to follow school policies and procedures.
4. Parents pledge to attend required school orientation meetings, informational meetings and update meetings.
5. Parents will provide educational support at home including time, space, environment, and supervision of homework activities.
6. Parents will be punctual in bringing child(ren) to school in the morning and assume responsibility for them promptly when school is dismissed.
7. Parents pledge to abide by all policies of the school and endeavor to communicate any concern or

grievance honestly and directly to those involved and deal with the issue constructively following the Matthew 18:5-17 principle.

8. Parents will notify the school immediately of any change in the following: home address and telephone numbers, emergency name and telephone numbers, changes in health issues.
9. Parents understand that all past due financial obligations to OBCA are to be paid before their child(ren) may begin school in the fall or receive report cards, diplomas, or transcripts.
10. Parents pledge to pray for OBCA's students, teachers, administrators, and board members and edify them through actions and words.
11. Parents, students, and staff will accept that failure to comply with Open Bible's standards may result in expulsion.

To verify understanding and agreement sign below:

\_\_\_\_\_ Administrator

\_\_\_\_\_ Parent

\_\_\_\_\_ Parent

Please sign and return by the first day of school.