



First Baptist Academy Summer School Registration Form

___ Session I (June 6—June 23)

- ◆ Algebra I (Semester I)
- ◆ Algebra II (Semester I)
- ◆ Geometry (Semester I)

___ Session II (July 11 —July 28)

- ◆ Algebra I (Semester II)
- ◆ Algebra II (Semester II)
- ◆ Geometry (Semester II)

Student Information:

Name: _____ Grade entering Fall 2017: _____

DOB: __/__/____ Gender: M / F Current School: _____

Parent/Guardian 1 Information:

Relationship to Student: _____

First Name: _____ Last Name: _____

Address: _____

Phone Number: _____ Email Address: _____

Parent/Guardian 2 Information:

Relationship to Student: _____

First Name: _____ Last Name: _____

Address: _____

Phone Number: _____ Email Address: _____

Additional Emergency Contact Information:

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Emergency Information:

Physician's Name: _____

Physician Phone Number: _____

Does your student have any allergies or medical conditions? Yes / No

If Yes, please explain: _____

How did you hear about us? _____

Please read and sign below:

I understand and have read the First Baptist Academy Summer School Agreement and agree to abide by it. I understand that if my student misses more than 6 hours of class then he/she will not receive credit for the course. I understand that there is a dress code for summer classes. T-shirts are allowed but must have no offensive writing or pictures on them. Students may not wear sleeveless or spaghetti strapped shirts. Shorts are allowed and the length must come to the student's finger tips. Any style shoe is allowed.

Parent Signature: _____

Student Signature: _____