

**First Baptist Church School**  
**600 N. St. Mary's**  
**P O Box 519**  
**Beeville, TX 78104**  
**361-358-4161**

**FOR OFFICE USE ONLY**

**Date Received** \_\_\_\_\_  
**Enrollment Fee** \_\_\_\_\_  
**Check #** \_\_\_\_\_ **or Cash** \_\_\_\_\_  
**Receipt No.** \_\_\_\_\_

**2010-2011 APPLICATION INFORMATION**

Child's Name \_\_\_\_\_

Age on Sept 1, 2010 \_\_\_\_\_ Birthdate \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Name Called \_\_\_\_\_  
Last \_\_\_\_\_ Birthplace \_\_\_\_\_ Grade in 2010- \_\_\_\_\_

Male \_\_\_ Female \_\_\_ SS# \_\_\_\_\_ Has your child ever been in School before? \_\_\_ Yes \_\_\_ No

Grade Completed as of August 31, 2010 \_\_\_\_\_ Where? \_\_\_\_\_  
Name of School and Address \_\_\_\_\_

Custody:  
Joint \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ (IF OTHER THAN JOINT; PARTIES MUST PROVIDE LEGAL DOCUMENTATION)

Other: \_\_\_\_\_  
Name \_\_\_\_\_ Tel. No \_\_\_\_\_ Relationship \_\_\_\_\_ Address \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ Mailing Address \_\_\_\_\_

Home Address \_\_\_\_\_ Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Occupation \_\_\_\_\_ Occupation \_\_\_\_\_

Church Membership \_\_\_\_\_ Church Membership \_\_\_\_\_

I, \_\_\_\_\_ (Name) am responsible for tuition payments and agree to pay:  
\_\_\_\_\_(Yes) or \_\_\_\_\_(No) Application Fee, due at time application is turned in to School Office.  
\_\_\_\_\_(Yes) or \_\_\_\_\_(No) Materials/Book Fee due at time of application but no later than July 1<sup>st</sup>.  
\_\_\_\_\_(Yes) or \_\_\_\_\_(No) Tuition per month for ten months (Per grade schedule as billed) due no later than the 15<sup>th</sup> of each month (August through May).

**APPLICATION FEE and MATERIALS/BOOK FEES ARE NON-REFUNDABLE. REGISTRATION IS NOT COMPLETE UNTIL APPLICATION FEE IS PAID**

\_\_\_\_\_  
*Parent or Guardian's Signature* *Date*

Person(s) approved to pick up your child: Provide Name and Telephone Number

Person(s) to call in an emergency if parents cannot be reached: Provide Name and Phone #

Person(s) who are not allowed information regarding your child; are not allowed to pick up your child (Provide legal documentation to verify same)