



# HILLSBOROUGH BAPTIST SCHOOL

## APPLICATION FOR ADMISSION

### STUDENT

Full Legal Name:		Nickname:	
Date of Application:	Age as of Sept. 1st:	Grade Applying For:	Grade Last Attended:
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>For Department of Education reporting purposes only. Please select the option you most identify with. Please check only <u>one</u> box.</b> Race/Ethnicity: <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> White/Caucasian		
Date of Birth:	County Born:	State Born:	
Address:			
City:	State:	Zip:	
Social Security Number:		Home Telephone Number:	
With whom does the student reside? <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandparent <input type="checkbox"/> Step-Parent <input type="checkbox"/> Other (Specify who) (Check all that apply)			

### FAMILY

Mother/Guardian Full Name:		Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Remarried <input type="checkbox"/> Single	
Home Phone Number:	Cell Phone Number:	Email Address: (Please Print Clearly)	
Relationship To Child:	Child Pick-Up Allowed: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Check if home address is the same as above	
Address:	City:	State:	Zip:
Employer:		Work Number:	
Church Name:	Pastor:	Attend Regularly: <input type="checkbox"/> Yes <input type="checkbox"/> No	

### FAMILY

Father/Guardian Full Name:		Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Remarried <input type="checkbox"/> Single	
Home Phone Number:	Cell Phone Number:	Email Address: (Please Print Clearly)	
Relationship To Child:	Child Pick-Up Allowed: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Check if home address is the same as above	
Address:	City:	State:	Zip:
Employer:		Work Number:	
Church Name:	Pastor:	Attend Regularly: <input type="checkbox"/> Yes <input type="checkbox"/> No	



# Authorization for Pick Up

As the parent or legal guardian of \_\_\_\_\_, the following people have permission to pick up my child during/after school. (Name of Student)

\*Any person that is picking up your student will need to show a photo ID and have their name on this list.

If their name is not on this list, your student will **NOT** be allowed to go with them unless we have received written specific instructions from the parent.

Name:		Relationship:
Home Number:	Work Number:	Cell Number:

Name:		Relationship:
Home Number:	Work Number:	Cell Number:

Name:		Relationship:
Home Number:	Work Number:	Cell Number:

Name:		Relationship:
Home Number:	Work Number:	Cell Number:

Name:		Relationship:
Home Number:	Work Number:	Cell Number:

Name:		Relationship:
Home Number:	Work Number:	Cell Number:

Name:		Relationship:
Home Number:	Work Number:	Cell Number:

# POLICY INFORMATION



## ADMISSION PROCESS:

- Complete Application and additional forms.
- Pay the registration fee.
- Bring in the necessary paperwork (Student Physical, Immunization Record, Social Security Card, and Birth Certificate)
- Schedule an appointment with the front office to interview with the Principal or Academic Dean.
- New students may need to complete a MAP screening test to confirm grade level before admission to school, scheduled through school office.

## APPLICATION POLICY:

- The application **MUST BE COMPLETE** to be submitted.
- Notification of status for the next school year will be made after June 1<sup>st</sup>.
- Students entering Kindergarten must be five on or before September 1<sup>st</sup>.
- Students entering First grade must be six by September 1<sup>st</sup>.
- Class placement is pending available space and is not confirmed until the applicant completes the admission process.

## ACCEPTANCE POLICY:

- HBS reserves the right to accept or reject admission based on the information provided in the completed application packet.
- Notification of acceptance will be made 7-10 business days after the application process is complete.
- All additional paperwork (See checklist below) and forms **MUST BE COMPLETE AND RECEIVED** before the student will be admitted to class.
- Should the marital status change between the guardians, it is the sole responsibility of each guardian to have an updated Handbook Agreement Form signed and delivered to HBS.

## TESTING POLICY:

- Test dates will be scheduled according to availability.
- Students will receive MAP testing 3 times (Fall, Winter, Spring) during the school year to track academic progress in Math, Reading, and Language.

## FINANCIAL POLICY:

- All families are expected to abide by the Financial Agreement.
- All policies regarding fees, tuition, payment options and dates are detailed in the Parent Handbook.
- There is a \$35 penalty for any returned checks.
- Application fee is non-refundable.
- Report Cards are subject to be held until the account is current.
- All tuition payments are due on the 1<sup>st</sup> of each month and a \$25 late fee will apply after the 7<sup>th</sup> of the month.
- No monthly statements are sent out.

I have read the above policies and agree to abide by these policies and the policies listed in the financial information packet of Hillsborough Baptist School. I hereby understand that Hillsborough Baptist School admits students of any race, color, national and ethnic origin, and sexual orientation to all the rights and privileges, and activities made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin, and sexual orientation in the administration of its educational policies, admissions policies, athletics, or any other school administered programs.

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

\_\_\_\_\_  
Parent Printed Name (please print clearly)

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Parent Printed Name (please print clearly)

\_\_\_\_\_  
Date

## Requirements for Application:

- A completed Application and Authorized Pick-Up Form
- Registration fees paid
- HRS Form 3040 School Entry Health Exam provided by child's doctor (for new students only)
- HRS Form DH 680 Florida Certification of Immunization/Exemption record issued by a private health care provider or  
HRS Form DH 681 Religious Exemption issued by a County Health Dept.
- A copy of Student Social Security card and Birth Certificate
- A completed and notarized Medical Release Form (Notary service available in school office)
- A signed Policies Information Form
- A signed Handbook Agreement, Financial Agreement, and Honor Code of Conduct Form
- Legal Papers (if necessary)
- A copy of Individual Education Plan (IEP), Service Plan (SP), 504 Plan, or any other documentation designed to assist students with disabilities

# 2024-2025 EMERGENCY LIST/MEDICAL RELEASE FORM



Student Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

I hereby give my consent to any emergency medical personnel to administer necessary treatment to my child in the event of an emergency at which time I cannot be reached. I give consent to transport, by ambulance, if the situation warrants it.

I hereby grant permission for my son/daughter to participate in any and all sports. I waive, release, absolve, and hold blameless **HILLSBOROUGH BAPTIST SCHOOL (HBS)** and **LANDMARK BAPTIST CHURCH (LBC)** and their administrators, teachers, supervisors, physical education directors, managers, persons transporting my child to and from school activities, and other participants, from any claim arising out of an injury or sickness to my child. I authorize the personnel at **HBS** to administer first aid to my child in the event of their involvement in accident, injury, or sickness.

If my child should become ill or injured at HBS, I understand that the school will:

- Contact me immediately or
- Contact the person(s) I have designated. **HBS** is authorized to contact my child's physician and/or arrange for immediate emergency treatment. The physician and medical facility are authorized to administer emergency medical treatment necessary to ensure the health and safety of my child. I will accept responsibility for payment of medical services rendered.

\_\_\_\_\_  
Guardian Home Number                      Guardian Work Number                      Guardian Cell Number

\_\_\_\_\_  
Guardian Home Number                      Guardian Work Number                      Guardian Cell Number

## Emergency Contact List (Must have 2 other contacts outside of guardians according to FL Statutes)

Name:		Relationship:
Home Number:	Work Number:	Cell Number:

Name:		Relationship:
Home Number:	Work Number:	Cell Number:

### Emergency Information

Child's Doctor \_\_\_\_\_ Office Phone \_\_\_\_\_  
 Insurance Name \_\_\_\_\_ Policy # \_\_\_\_\_ Hospital Preference \_\_\_\_\_

### Medical History

Previous Hospitalization?  Y  N If yes, why? \_\_\_\_\_  
 Is child allergic to anything?  Y  N If yes, what? \_\_\_\_\_  
 Any previous illness or disease?  Y  N If yes, what? \_\_\_\_\_  
 Is the child under the care of a doctor?  Y  N If yes, why? \_\_\_\_\_  
 Any history of convulsions?  Y  N If yes, please List: \_\_\_\_\_  
 Does child take prescribed medications on daily basis?  Y  N Please List: \_\_\_\_\_  
 Are there any special instructions that we should know?  Y  N Please List: \_\_\_\_\_

Explain: \_\_\_\_\_

**THIS FORM MUST BE NOTARIZED: (A Notary is available in the school office)**

**MUST be signed in the presence of the Notary!**

STATE OF FLORIDA  
 COUNTY OF HILLSBOROUGH

The foregoing instrument was acknowledged before me by means of  physical presence or  online notarization, this \_\_\_\_\_ day  
 \_\_\_\_\_ of 20\_\_\_\_ by \_\_\_\_\_.

personally known or  produced identification                      Type of identification produced: \_\_\_\_\_

\_\_\_\_\_  
Parent Signature                      Print Name (please print clearly)                      Date                      ID # (ID, Driver License, Passport)

Notary Public \_\_\_\_\_ (SEAL)