

# BELL SHOALS BAPTIST ACADEMY

2102 Bell Shoals Road; Brandon, FL 33511 (813) 689-9183 FAX: (813) 643-1649

## 2008-2009 Application Process for New Students ~ Preschool - 8th Grade

Bell Shoals Baptist Academy offers a challenging academic program designed for students with average and above average academic ability. Students are admitted on the basis of past academic achievement and behavior (individual counseling and test scores) to ensure that those enrolled sincerely desire a Christian education and are capable of achieving in a program designed for academic excellence. The school does not provide enrollment to students whose special educational or physical needs cannot be met by our existing programs, services, or staff.

Admission is based on selective criteria that include standardized test scores, prior school record, recommendations, evidence of good character, and a possible interview. The Admissions Committee will review each application without regard to race, color, sex, national or ethnic origin. All students are accepted on a trial basis for the first grading period (30 days) before placement becomes final.

### **The application process is as follows:**

1. Application—all the following must be submitted to proceed.
  - A completed application
  - A discipline Procedure
  - A testing appointment with testing fee attached
  - Registration fee (refunded only if BSBA does not admit the student).
  - A Copy of most recent report card
  - A copy of most recent standardized tests (1st - 8th grades)
  - A copy of birth certificate, Hillsborough County immunizations/health forms 680 and 3040
  - Middle school students are also required to submit three reference forms.
2. Testing  
BSBA administers a standardized test for entrance to determine success in our program and academic readiness or placement.
3. Interview  
After the completion of the entrance exam, the Admissions Committee may require an interview with the student and at least one parent.
4. Notification  
You will be notified by mail regarding your child's admission status. All accepted students will receive an enrollment packet. When there are no spaces available in a grade, students will be placed in a waiting pool. If a space becomes available, the Admissions Committee will review all applicants placed in the waiting pool.

**Deadline to return new student enrollment forms is January 31st.**

*"I have no greater joy than to hear that my children are walking in the truth." III John 4*

# 2008-09 Fee Schedule

## Registration Fees: (due with application packet)

Preschool 3-day & 5-day	\$175.00
Transitional Kind.-8th grade	\$200.00

**PLEASE NOTE:** The Registration Fee is a nonrefundable/nontransferable tuition deposit due at enrollment to reserve a student's place in a grade. The Registration Fee is a part of tuition.

## Resource/Book Fees: (due June 1)

Preschool 3-Day	\$245.00
Preschool 5-Day	\$265.00
Transitional Kind.-4th grade	\$440.00
5th through 8th grade	\$505.00

## Tuition: (may be paid monthly over 10 months July 1 - April 1)

	<u>ANNUAL</u>
Preschool 3-day classes	\$2150.00
Preschool 5-day classes	\$2435.00
Transitional Kind.-5th grade	\$4040.00
6th through 8th grade	\$4375.00

There is a 10% Tuition Discount on tuition for the second and subsequent children. (The oldest child is the first child)

**NOTE: Limited tuition scholarships are available. The deadline for applying is April 30, 2008. Contact Linda Bryant at 689-9183, ext. 321 for more information.**

## Additional Fees:

- \$25.00 Testing Fee for new students, grades TK-8th (due with application)
- \$50.00 Graduation Fee for 8<sup>th</sup> grade (due March 1, 2009)

**\$100 discount off  
annual tuition amount  
if paid in full by July 1, 2008!**

# BELL SHOALS BAPTIST ACADEMY

2102 Bell Shoals Road; Brandon, FL 33511  
Phone: (813) 689-9183 Fax: (813) 643-1649 www.bsacademy.com

**Please check all that apply:**

Returning student \_\_\_\_\_  
New student \_\_\_\_\_  
BSBC church member \_\_\_\_\_

## STUDENT APPLICATION FORM 2008-2009

### STUDENT

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
Preferred Name \_\_\_\_\_ Current Grade \_\_\_\_\_ Applying for \_\_\_\_\_ grade for 2008-2009 school year.  
Male \_\_\_\_\_ Female \_\_\_\_\_ Date of Birth \_\_\_\_\_ Student's Social Security # \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Ethnicity (Optional)  African American  Caucasian  Middle Eastern  Multiracial \_\_\_\_\_  
 Asian American  Latino/Hispanic  Native American  Other \_\_\_\_\_  
Student's Present Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_  
Student lives with (*check any that apply*) If "other" please specify person/relationship.  
Student's: Father \_\_\_\_\_ Stepfather \_\_\_\_\_ Other \_\_\_\_\_  
Mother \_\_\_\_\_ Stepmother \_\_\_\_\_ Other \_\_\_\_\_  
Father is deceased \_\_\_\_\_ Mother is deceased \_\_\_\_\_ Parents are divorced \_\_\_\_\_ Parents are separated \_\_\_\_\_  
Person responsible for tuition \_\_\_\_\_ Relationship \_\_\_\_\_  
Siblings' names, grades and schools attending \_\_\_\_\_

### PARENT(S)

Father's Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Father's Home Phone \_\_\_\_\_ Father's Cell Phone \_\_\_\_\_ Father's Occupation \_\_\_\_\_  
Firm's Name and address \_\_\_\_\_ Phone \_\_\_\_\_  
Mother's Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Mother's Home Phone \_\_\_\_\_ Mother's Cell Phone \_\_\_\_\_ Mother's Occupation \_\_\_\_\_  
Firm's Name and address \_\_\_\_\_ Phone \_\_\_\_\_

### E-MAIL

Please list an email address at which you would like to receive correspondence from the school. \_\_\_\_\_  
(Be sure to update this address with the school if any changes occur during the school year.)

### CONTACTS

List two local neighbors or relatives who will assume temporary care of your child if you cannot be reached:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

### CHURCH

Name of church family attends: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ No. of yrs. \_\_\_\_\_  
Please check appropriate boxes: Student: Attends church regularly \_\_\_\_\_, Belongs to youth group \_\_\_\_\_, Attends Sunday School \_\_\_\_\_,  
Other \_\_\_\_\_ Parents attend church regularly \_\_\_\_\_.

### MEDICAL INFORMATION

Does the student have a handicap? (*explain*) \_\_\_\_\_  
Allergies? (*If no allergies, specify none*) \_\_\_\_\_  
Does student require any medication? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain. \_\_\_\_\_

**PLEASE NOTE: We cannot dispense any medication in the office (aspirin, Tylenol, ibuprofen included) without a doctor's prescription. All medication must be in the original container and labeled with your student's name.**

List childhood illnesses: \_\_\_\_\_ Convulsions? \_\_\_\_\_  
Special Physical Needs: (*explain*) \_\_\_\_\_

**REFERENCES** (New students only)

Please list a pastoral and personal reference. No relatives.

Pastoral \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Personal \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**SCHOOL** (New students only)

Previous school attended \_\_\_\_\_ Teacher's name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Grade(s) \_\_\_\_\_ Date(s) \_\_\_\_\_

Has the student skipped a grade? Yes \_\_\_ No \_\_\_ Has the student been retained? Yes \_\_\_ No \_\_\_

Has student been suspended or expelled? Yes \_\_\_ No \_\_\_ Has the student been tested or received help for a reading or learning difficulty? Yes \_\_\_ No \_\_\_ (If yes, please include a copy of the report.)

Has student been enrolled in a special program (resource, learning disability, gifted and talented)? Yes \_\_\_ No \_\_\_ If yes, please explain and include any testing regarding the student \_\_\_\_\_

List activities, talents, athletics that interest student \_\_\_\_\_,  
 \_\_\_\_\_,  
 \_\_\_\_\_,

(New parents only) Please write a paragraph to describe why you would like your son/daughter to attend BSBA.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

How did you learn about our school? \_\_\_BSBA Family \_\_\_Friend \_\_\_Relative \_\_\_Neighbor \_\_\_Church  
 \_\_\_Newspaper \_\_\_Co-worker \_\_\_Yellow Pages \_\_\_Radio \_\_\_Other; specify \_\_\_\_\_

**ALL PARENTS :**

I (We) understand that all State of Florida immunization and physical examination requirements must be met as part of the enrollment process (Charter 232.032 Florida Statutes) and forms must be on file before the first day of school or attendance will be denied.

Permission is hereby given to use my child's picture in school brochures or other promotional publications.

Request regarding your child's class placement for 2008-09 school year: \_\_\_\_\_

(Requests will be considered but not guaranteed.)

Signature of parent or guardian enrolling student: \_\_\_\_\_ Date: \_\_\_\_\_

Consistent with Christian principles, Bell Shoals Baptist Academy does not discriminate with regard to race, sex or national origin in the administration of its educational policies, athletic or other school-administered programs.

# BELL SHOALS BAPTIST ACADEMY

2102 Bell Shoals Road  
Brandon, FL 33511

## Discipline Procedures for Preschool & Kindergarten

Discipline should be a learning experience, not punishment. Our aim is to give your child guidelines, to set limits, and to use outer control that leads to inner or self-control. Our school states these guidelines in a positive way. "We walk inside -- run outside; use quiet voices inside -- loud voices outside; share toys and take turns."

We give your child opportunity to make choices, solve problems, and interact with adults and other children. When a child uses inappropriate language or actions we do the following things -- using only the steps necessary.

1. Remind the child of our rules; expect a cooperative response.
2. Separate the child from other children to think or calm down.
3. A privilege will be denied.
4. The child will meet with the assistant principal or principal.
5. An appointment with parents will be made to discuss the situation and decide on a plan of action.

I have read and discussed the above policy with my child and we do agree to comply with this procedure.

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

\_\_\_\_\_  
Date

## Discipline Procedures for Grades 1 - 8

When misconduct occurs, corrective measures will be employed to help the student change his/her attitude and behavior.

Corrective measures are as follows:

1. Student-teacher conference (written discipline referral sent home)
2. Student-principal conference scheduled by the teacher
3. Parent-teacher and principal conference
4. In school suspension (one day) (credit for class work at school's discretion)
5. Out-of-school suspension (with no credit for make-up work)
6. Referral for professional counseling (ministerial staff or outside help)
7. Expulsion or withdrawal

Examples of misconduct include:

- Dishonesty (i.e.: cheating on tests)
- Vandalism (Parents are responsible to pay for any damage to the school or church property.)
- Profanity
- Excessive horseplay
- Fighting
- Disruptive behavior
- Lying
- Stealing
- Disrespect
- Conduct unbecoming a Christian

My child and I have read the above policy and do agree to comply with this procedure.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

# Bell Shoals Baptist Academy

## 2008-09 ENROLLMENT AGREEMENT

Please read the following information and initial next to each statement. Please sign this form indicating your understanding and agreement of our policies.

\_\_\_ 1. We recognize that our participation is needed in prayer and service in order to properly partner with BSBA in the education of my child(ren).

\_\_\_ 2. We will regularly attend the Preschool Parents' Club and/or Parent-Teacher Fellowship meetings and we sincerely pledge our loyalty to the aims and ideals of the school. We will follow the Matthew 18 principle for dealing with questions and conflicts which says to bring all questions and concerns to the person most directly involved. In most instances, this would be the classroom teacher or coach. If a satisfactory conclusion is not reached, the appropriate administrator should be contacted.

\_\_\_ 3. School authorities are hereby given permission to discipline my child(ren) when necessary in accordance with school policies and generally accepted Christian school practices. It is understood that parents will support the authority of the faculty concerning discipline.

\_\_\_ 4. We understand that all students are accepted on a trial basis. Continued enrollment requires acceptable grades and citizenship. No family is guaranteed re-enrollment each year. Re-enrollment is conditional on acceptable citizenship, academic progress and financial accounts being current.

\_\_\_ 5. We will permit our child(ren) to go on scheduled field trips and other school activities.

\_\_\_ 6. It is the responsibility of the parent to provide the school with any changes or updated legal documents, addresses, and phone numbers.

\_\_\_ 7. BSBA is not responsible for the loss or damage of personal property.

\_\_\_ 8. BSBA reserves the right of dismissal of any student who continually and willfully neglects academics, displays poor citizenship, fails to cooperate with faculty, and fails to reflect the Christian principles of the school.

\_\_\_ 9. Students should not deface or destroy school property. The full cost of repairs will be assessed and the student will be subject to disciplinary action. (For other reasons for disciplinary action, see Discipline Policies page.)

\_\_\_ 10. I understand that as a parent or any agent acting in my behalf or on behalf of my child brings any legal action against the school or its agents, I will be responsible to pay all legal fees and other expenses related to such action. All disputes shall be settled in binding arbitration. The child of the litigating family shall be withdrawn.

\_\_\_ 11. BSBA has limited resources to provide opportunities to students who have specific educational needs that cannot be fully met through the classroom

- Once a student with exceptional needs has been identified, a team will develop recommendations, and those recommendations of the Academic Services Plan team must be followed.
- BSBA is not equipped to service students with severe exceptionalities such as Emotionally Handicapped, Autism, mental retardation, and other severe exceptionalities.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**BELL SHOALS BAPTIST ACADEMY**

2102 Bell Shoals Road  
Brandon, FL 33511

**Parental Consent and Medical Release Form**

Student's Name: \_\_\_\_\_ Student's Social Security No. \_\_\_\_\_

Address: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Hospital insurance \_\_\_\_ Yes \_\_\_\_ No Policy No.: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Father or Legal Guardian's name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Place of employment: \_\_\_\_\_ Wk. Phone: \_\_\_\_\_

Mother or Legal Guardian's name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Place of employment: \_\_\_\_\_ Wk. Phone: \_\_\_\_\_

**In Case of Emergency Contact: (Local person)**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Child's Dentist: \_\_\_\_\_ Phone No.: \_\_\_\_\_

**TO WHOM IT MAY CONCERN:**

The undersigned, as parent and/or legal guardians, do hereby give permission for \_\_\_\_\_ (Participant) to attend and participate in activities sponsored by Bell Shoals Baptist Academy of Brandon, 2102 Bell Shoals Road, Brandon, Florida 33511 for the period beginning August 2008 and ending May 2009.

On our behalf and on behalf of the Participant, we authorize an adult representative of Bell Shoals Baptist Academy to consent to medical and dental care that the Participant may need for any reason or circumstance that may occur. Specifically, we do hereby consent to any and all medical and surgical treatments, including anesthesia and operations that may be deemed advisable. The intention hereof is to grant authority to administer and to perform all and singularly any examinations, treatments, anesthetics, operations and diagnostic procedures which may now or during the course of the Participant's care, be deemed advisable or necessary by any qualified physician.

The undersigned shall be liable and agree to pay all costs and expenses incurred with such medical and dental services rendered to the Participant pursuant to this authorization.

The undersigned does also hereby give permission for the participant to ride in any vehicle designated by an adult representative of Bell Shoals Baptist Academy.

Please list any allergies or special medical problems the Participant may have: (if no allergies specify "none")

\_\_\_\_\_

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_\_.

\_\_\_\_\_  
Father or Legal Guardian

or

\_\_\_\_\_  
Mother or Legal Guardian

STATE OF FLORIDA  
COUNTY OF HILLSBOROUGH

Subscribed and sworn to before a Notary Public, this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_\_.

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

- who: [ ] personally known to me
- [ ] Florida driver's license
- [ ] other type of identification: \_\_\_\_\_

and who [ ] did [ ] did not take an oath.

\_\_\_\_\_  
(Signature of person taking acknowledgment)  
NOTARY PUBLIC



# BELL SHOALS BAPTIST ACADEMY FINANCIAL CONTRACT

I/We the parent(s), \_\_\_\_\_,  
agree to enroll \_\_\_\_\_  
for the 20\_\_-20\_\_ school year subject to the following stipulations.

- FEES:**  
 Registration            \$\_\_\_\_\_ (NON-REFUNDABLE/NON-TRANSFERABLE if student is accepted)  
 Testing Fee             \$\_\_\_\_\_ (new students TK-8th only, due at registration)  
 Resource/Book Fee \$\_\_\_\_\_ (due June 1 & NOT REFUNDABLE after 1st day of school)  
 Annual Tuition         \$\_\_\_\_\_ ( in payments of \$\_\_\_\_\_ per mo.)

2. We understand that the Registration fee is to accompany the application. The Registration fee will not be refunded or transferred if the child is accepted for enrollment. If not accepted, the registration fee will be refunded. We also understand that the Resource/Book Fee will not be refunded after the first day of the school year.

3. We understand that the charges for annual tuition may be divided into 10 equal installments with the **first payment made on July 1 and the last payment on April 1**. Tuition payments are due on the first of each month. Payments received after the 10th of the month will result in a late charge of 10% of the unpaid balance. If more than (2) payments are delinquent, class attendance will not be permitted until arrangements have been made to bring the account to a current status. The monthly payment is due regardless of the number of days attended or the number of school days in the month. There will be a \$20.00 fee charged for NSF.

4. **We understand that if the student is transferred or withdrawn from school for any reason, we will notify the school thirty days prior in writing. Tuition will be prorated according to the date of withdrawal. Parents must sign a withdrawal form to stop the billing process. These charges must be paid before records and/or report cards can be released.**

**THE SIGNATURE OF EACH STUDENT’S PARENT OR GUARDIAN IS REQUIRED.**

SIGNED: \_\_\_\_\_  
Father or Legal Guardian

\_\_\_\_\_ Date

\_\_\_\_\_ Mother or Legal Guardian

\_\_\_\_\_ Date





**Bell Shoals Baptist Academy**  
 2102 Bell Shoals Road · Brandon, FL 33511 · (813) 689-9183  
 A Ministry of Bell Shoals Baptist Church

For your convenience, we have the ability to accept your tuition payments through drafts from your checking account with your authorization. (This is optional.)

If you would like to take advantage of this convenience, please fill out the preauthorization form below, attach a voided check, and return it to the office. We will then begin the process as you request. This draft payment will be continuous unless we are notified of any changes by you. We will need 30 days notice for any changes of bank account numbers, etc.

If you have any questions, please call the finance office at extension 321 or 256.

.....

**Preauthorized Debits Authorization Form**

I authorize Bell Shoals Baptist Academy, hereinafter called Company, to initiate debit entries for tuition to the account at the Financial Institution as listed below on the 1st of the month:

\_\_\_\_\_  
 Bank Name

\_\_\_\_\_  
 Routing/Transit Number  
 (9 positions)

\_\_\_\_\_  
 Bank Address

\_\_\_\_\_  
 City State

\_\_\_\_\_  
 Checking Account Number

This authority is to remain in full force and effect until Company has received written notification of its termination in such time and in such manner as to afford Company and Depository Institution a reasonable opportunity to act on it.

\_\_\_\_\_  
 Print Individual or Company

\_\_\_\_\_  
 Authorized Signature Date

\_\_\_\_\_  
 Month to Start

**Please attach voided check and verify the correct Bank Routing and account number(s) with your Financial Institution.**

**BELL SHOALS BAPTIST ACADEMY  
PERMISSION/HOLD HARMLESS AGREEMENT (4th - 8th Grade Sports Only)**

I/We, the undersigned, being the parent(s) and/or legal guardian(s) of \_\_\_\_\_, do hereby grant Bell Shoals Baptist Academy permission for my child to participate in the interscholastic sports program. This permission includes games that are held on school grounds and/or other participating school grounds. I/We also hold Bell Shoals Baptist Academy, the administration, teachers and/or coaches harmless for any accident and/or injury that may occur to my child while participating in the interscholastic sports program.

Dated: \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Parent/Legal Guardian

\_\_\_\_\_  
Parent/Legal Guardian

\_\_\_\_\_  
Address, City, State, Zip

\_\_\_\_\_  
Telephone #

---

**BELL SHOALS BAPTIST ACADEMY  
DRIVER LIABILITY FORM FOR SPORTING EVENTS**

As a driver for Bell Shoals Baptist Academy, I certify that I have liability insurance to cover my automobile and personal injury in the event of an accident. I consent to use my insurance if necessary:

Company name: \_\_\_\_\_

Policy number: \_\_\_\_\_

**I DO HEREBY CERTIFY THAT I HAVE HAD NO DRIVING TICKETS IN THE PAST THREE (3) YEARS, HAVE NO CHARGEABLE AT-FAULT ACCIDENT FOR THE PRIOR THREE (3) YEARS, AM BETWEEN THE AGE OF 25 & 70, HAVE A VALID FLORIDA DRIVER'S LICENSE # \_\_\_\_\_.**

Date: \_\_\_\_\_

Signature of driver: \_\_\_\_\_

**Reservation for  
BSBA K-8th Testing**

*(Include \$25 Testing Fee with Application Forms.)*

Student's Name: \_\_\_\_\_

Grade Entering: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

**K-1st Testing Dates** (Please circle one.):

Tuesday, January 29, 2008 3:30 p.m.

Thursday, January 31, 2008 3:30 p.m.

**2nd-5th Testing Dates** (Please circle one.):

Thursday, January 31, 2008 3:30 p.m.

Friday, February 1, 2008 3:30 p.m.

**6th-8th Testing Dates** (Please circle one.):

Monday, January 28, 2008 3:30 p.m.

Tuesday, January 29, 2008 3:30 p.m.

**We will assume you are not interested in pursuing enrollment if you fail to show up for testing without notifying us by the time of your appointment.**

*L. Susie Manning—Principal*



*Sandra Carnley—Assistant Principal*

**(new students only)**

Date of Request \_\_\_\_\_

Name and Address of School Last Attended:

---

---

---

## **REQUEST FOR RECORDS**

To Whom It May Concern:

The student listed below has enrolled at Bell Shoals Baptist Academy. Please forward all academic records, health records, confidential records and other available guidance materials to:

**Bell Shoals Baptist Academy  
ATTN: Registrar  
2102 Bell Shoals Road  
Brandon, FL 33511-6699**

Name:

Birthdate:

Grade entering in fall:

---

Thank you.

Sincerely,  
Tina Hodges  
Registrar

# BELL SHOALS BAPTIST ACADEMY

2102 Bell Shoals Road, Brandon, Florida 33511

## MIDDLE SCHOOL STUDENT REFERENCE (Grades 6-8)

Student \_\_\_\_\_ Grade Entering \_\_\_\_\_

Parent: Please write the student's name on all three forms. These forms should then be completed by:  
2 teachers and/or principal  
1 pastor or family acquaintance

Evaluator: We would appreciate your impressions of this student. This information will be kept confidential and will be used to help determine whether or not Bell Shoals Baptist Academy is a suitable school for the applicant.

Please complete the information below. Then mail the form directly to Bell Shoals Baptist Academy (Attention: Registrar). Thank you for your assistance.

THE STUDENT DEMONSTRATES:	ALWAYS	OFTEN	NEVER	NOT KNOWN
RESPONSIBILITY				
ORDERLINESS				
COOPERATION				
RESPECTFULNESS				
HONESTY				
POSITIVE ATTITUDE				
EMOTIONAL STABILITY				

Do you know of any specific problem that the student has which would hinder learning?

Additional comments: \_\_\_\_\_

In what capacity have you known the applicant? \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**This section to be filled out by school teachers or principals only:**

Are parents supportive of school program? Comments: \_\_\_\_\_

In what capacity have you known the applicant? \_\_\_\_\_

How long? \_\_\_\_\_

School \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

# BELL SHOALS BAPTIST ACADEMY

2102 Bell Shoals Road, Brandon, Florida 33511

## MIDDLE SCHOOL STUDENT REFERENCE (Grades 6-8)

Student \_\_\_\_\_ Grade Entering \_\_\_\_\_

Parent: Please write the student's name on all three forms. These forms should then be completed by:  
2 teachers and/or principal  
1 pastor or family acquaintance

Evaluator: We would appreciate your impressions of this student. This information will be kept confidential and will be used to help determine whether or not Bell Shoals Baptist Academy is a suitable school for the applicant.

Please complete the information below. Then mail the form directly to Bell Shoals Baptist Academy (Attention: Registrar). Thank you for your assistance.

THE STUDENT DEMONSTRATES:	ALWAYS	OFTEN	NEVER	NOT KNOWN
RESPONSIBILITY				
ORDERLINESS				
COOPERATION				
RESPECTFULNESS				
HONESTY				
POSITIVE ATTITUDE				
EMOTIONAL STABILITY				

Do you know of any specific problem that the student has which would hinder learning?

Additional comments: \_\_\_\_\_

In what capacity have you known the applicant? \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**This section to be filled out by school teachers or principals only:**

Are parents supportive of school program? Comments: \_\_\_\_\_

In what capacity have you known the applicant? \_\_\_\_\_

How long? \_\_\_\_\_

School \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

# BELL SHOALS BAPTIST ACADEMY

2102 Bell Shoals Road, Brandon, Florida 33511

## MIDDLE SCHOOL STUDENT REFERENCE (Grades 6-8)

Student \_\_\_\_\_ Grade Entering \_\_\_\_\_

Parent: Please write the student's name on all three forms. These forms should then be completed by:  
2 teachers and/or principal  
1 pastor or family acquaintance

Evaluator: We would appreciate your impressions of this student. This information will be kept confidential and will be used to help determine whether or not Bell Shoals Baptist Academy is a suitable school for the applicant.

Please complete the information below. Then mail the form directly to Bell Shoals Baptist Academy (Attention: Registrar). Thank you for your assistance.

THE STUDENT DEMONSTRATES:	ALWAYS	OFTEN	NEVER	NOT KNOWN
RESPONSIBILITY				
ORDERLINESS				
COOPERATION				
RESPECTFULNESS				
HONESTY				
POSITIVE ATTITUDE				
EMOTIONAL STABILITY				

Do you know of any specific problem that the student has which would hinder learning?

Additional comments: \_\_\_\_\_

In what capacity have you known the applicant? \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**This section to be filled out by school teachers or principals only:**

Are parents supportive of school program? Comments: \_\_\_\_\_

In what capacity have you known the applicant? \_\_\_\_\_

How long? \_\_\_\_\_

School \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_