

ACADEMY OF BIBLICAL CHARACTER DEVELOPMENT

850 N.E. 36th Terrace, Unit E

Ocala, FL 34470

Phone: 352-694-ABCD; E-Mail: academybcd@embarqmail.com

Initial Student Application/Registration Form

_____ to _____
Date of Application Grade Level School Term (Month and Year)

_____ _____ _____
Student's Full Name Name by which child is called Sex (M/F)

_____ _____ _____
Birthdate Place of Birth Student's Social Security #

_____ _____ _____ _____
Address City State Zip

_____ _____ _____
Home Phone Number Cell Phone Number E-mail Address

_____ _____ _____
Father's Full Name Father's Social Security # Father's Work Phone #

_____ _____ _____
Mother's Full Name Mother's Social Security # Mother's Work Phone #

_____ _____ _____
School Attended Last Year Street Address City, State, Zip

Are there any outstanding financial or other obligations to the former school? Yes _____ No _____

Were there any disciplinary, academic, or other problems with the former school? Yes _____ No _____

If yes, please explain: _____

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Initial Family Application/Registration Form

| | | |
|-------------------|----------------|---------------|
| _____ | _____ | _____ |
| Last Name | Father | Mother |
| _____ | _____ | _____ |
| Church You Attend | Church Phone # | Pastor's Name |

Please list names and ages of all children in your home:

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Write a brief statement of your reasons for parental education of your children: _____

Why are you applying to ABCD? _____

Do you know any ABCD families? _____ Name(s) _____

What curriculum/curricula will you be using? _____

Husband's Occupation: _____ Work Phone Number: _____

Husband's Place of Business: _____

Husband's Academic Background: _____ Degree(s) Held: _____

Wife's Academic Background: _____ Degree(s) Held: _____

Is wife working outside of the home? _____ Hours/week? _____ Type of work: _____

Are there any "special" challenges or needs in your home which the Board should know about in order to best assist you? _____ If so, please explain: _____

Do you have a regular Bible reading time as a family? _____ How often? _____ When? _____

Briefly describe how you spend that time: _____

What are some things your family enjoys doing together? _____

List several Bible verses and explain your view of the parent/child relationship and the discipline of children:

List any questions you have that we may address during the interview: _____

PRE-ENROLLMENT CHECKLIST

The following list of items should be included with your application at the time of submission:

- _____ Family Registration Fee of \$100.00 (only one fee, per family, regardless of number of children enrolled)
- _____ High School Records Fee of \$25.00 per student enrolled in Grades 9 - 12
- _____ A small family photograph
- _____ Birth certificate for each student
- _____ Evidence of a school-entry health exam performed within one (1) year prior to enrollment for all first year K-5 students, or any other student whose admission to ABCD constitutes that child's initial entrance into a public or non-public school in the State of Florida
- _____ Copy of current immunization records for K-5 or updates, if applicable. (Older students should have immunization records in their transcripts, which we will request from prior school).
- _____ Curriculum outline, one per student (lists subjects and materials you will be using). Please use form provided.
- _____ If you have home-educated in previous years, please turn in a permanent record form (list of subjects and grades earned) for each of those years.
- _____ If your child attended another school last year, please fill out and sign the attached "Transcript Request Form".
- _____ A completed "Family Activity Sheet" (copy attached)
- _____ This application, fully completed and signed on next page

ACADEMY OF BIBLICAL CHARACTER DEVELOPMENT

By my signature hereunder, I confirm, agree and understand that:

1. I have read the current Academy of Biblical Character Development Handbook, that I am aware of its contents, and that I will comply with the membership requirements of ABCD, including, but not limited to, those set forth in the Policy Requirements for All Families section of the Handbook.
2. Neither the Board of Directors nor the other members of ABCD shall be responsible for the education of my child(ren).
3. I must choose my own curriculum/curricula, and that all costs associated therewith are my responsibility. Each family shall provide to ABCD for approval annually a written list of curriculum to be used during the school year, and of which substantial changes shall not be made without prior approval.
4. I release and hold harmless ABCD and its Board of Directors from any and all claims for loss, damage, or injury of any nature to person or property for both myself and my child(ren) enrolled in ABCD resulting from ABCD's programs or activities.
5. Failure on my part to comply with membership requirements may result in the removal of my family from enrollment in ABCD. Reinstatement is dependent upon my reapplication and a unanimous affirmative vote of the ABCD Board.
6. To the best of my knowledge, I am not currently named on the State of Florida Child Abuse Registry and/or I have not been previously convicted of child neglect or abuse.
7. I am required to pay in full the current ABCD tuition fee for my child(ren) who are registered, either in a lump sum at the time my application is accepted, or through installment payments in accordance with the attached ABCD Tuition Payment Plan.
8. If I withdraw my child(ren) before the end of the current school year, I will be eligible for the following refund for each month through June after the month of withdrawal if tuition was paid in full at the time of enrollment:

| | |
|------------|------------|
| \$15/month | 1 child |
| \$25/month | 2 children |
| \$35/month | 3 children |
9. Families leaving ABCD who have been current on the payment plan will have no further obligation to ABCD after the month they withdraw their child(ren), and no refund of previous tuition will be granted.
10. No release of transcripts or test scores will be made until my full and complete financial obligation to ABCD has been paid.

Father

Date

Mother

Date