

Grace Independent Baptist School

197 Hopewell Church Road
Moultrie, Georgia 31788
229-890-1170

A Ministry of Grace Independent Baptist Church

“Teaching children to live with Character while teaching them to earn a living.”

Student's Name _____ Grade _____
Last First Middle

Date of Birth _____ Age _____ Birthplace _____
SS# _____ - _____ - _____ Sex _____ Race _____

Address _____
(Street City State Zip)

Home Phone (____) _____ - _____ Business Phone (____) _____ - _____
Last school attended _____

Reason for changing schools _____

Has the applicant ever been suspended, dismissed or expelled from any school? Y/N

Is the applicant now or has he/she ever used: Alcohol? Y/N Drugs? Y/N Tobacco? Y/N

Is the applicant married, been married or contemplating marriage? Y/N

If you answered yes to any of the above three questions, attach an explanation.

Father's Name _____ Mother's Name _____

Occupation _____ Occupation _____

Employer _____ Employer _____

Work Phone _____ Work Phone _____

Family Doctor: _____ Phone _____

Does your child have: Speech difficulty? Y/N Hearing difficulty? Y/N
Vision difficulty? Y/N Any brain damage? Y/N

If your child has a minor headache or discomfort, do we have permission to give:

Regular Tylenol? Y/N Extra strength Tylenol? Y/N Children's Tylenol? Y/N

In case of serious illness or injury at school, and you cannot be reached, may we call your physician named above or transport your child(ren) to the nearest hospital? Y/N

Who will assume responsibility of physical or hospital care?

_____ Insurance company & Policy #: _____

Father's signature _____ Date _____

Mother's signature _____ Date _____