



# Faith Baptist School

4105 Plank Road | Fredericksburg, VA 22407 | 540-786-4953  
www.faithva.school

## Returning Family Application (2022-2023 School Year) (Please complete ONE per FAMILY.)

Parent/Guardian 1 \_\_\_\_\_

Street Address \_\_\_\_\_

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

Employer: \_\_\_\_\_

Home		Cell	
Email		Work	

Parent/Guardian 2 \_\_\_\_\_

Street Address \_\_\_\_\_

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

Employer \_\_\_\_\_

Home		Cell	
Email		Work	

Student(s) Name	Grade	Date of Birth
		___/___/___
		___/___/___
		___/___/___
		___/___/___

With whom does the child/do the children primarily live? \_\_\_\_\_

Why would you like to re-enroll your child/children in Faith Baptist School?  
\_\_\_\_\_  
\_\_\_\_\_

Do you attend church regularly? ( \_\_\_ Yes \_\_\_ No ) If Yes, which church? \_\_\_\_\_

# Tuition Management System (2022-2023 School Year)

(Please complete ONE per FAMILY.)

## **Part 1: Personal Information (person responsible for payment)**

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Student 1 \_\_\_\_\_ Grade \_\_\_\_\_

Student 2 \_\_\_\_\_ Grade \_\_\_\_\_

Student 3 \_\_\_\_\_ Grade \_\_\_\_\_

Student 4 \_\_\_\_\_ Grade \_\_\_\_\_

For office use only

Date \_\_\_\_\_

Family ID \_\_\_\_\_

Home \_\_\_\_\_

Cell \_\_\_\_\_

Work \_\_\_\_\_

## **Part 2: Payment Options (Please mark ONE option on the left side.)**

\_\_\_ Option 1: Pay full tuition of \$\_\_\_\_\_ before August 15, 2022 (2% discount on tuition only)  
Academic Fee (*per student*) must be paid before July 31, 2022.

\_\_\_ Option 2: Pay 10 monthly payments of \$\_\_\_\_\_ by ACH Debit/Credit\* (Beginning in August)  
Academic Fee (*per student*) must be paid before July 31, 2022.

\_\_\_ Option 3: Pay 12 monthly payments of \$\_\_\_\_\_ by ACH Debit/Credit\* (Beginning in June)  
(*Only available to registrations received before May 1, 2022 and includes Academic Fee*)

## **Part 3: Payment Authorization**

Please mark **ONE** monthly payment date \_\_\_\_\_ 1<sup>st</sup> of the month \_\_\_\_\_ 15<sup>th</sup> of the month

Please mark **ONE** method of payment \_\_\_\_\_ Checking \_\_\_\_\_ Savings \_\_\_\_\_ Debit/Credit Card

Checking/Savings Account Information: **(PLEASE ATTACH A VOIDED CHECK!)**

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

Routing # \_\_\_\_\_ Account # \_\_\_\_\_

Debit/Credit Card Information: (*\*There is a \$10 Monthly fee for tuition paid with a Debit/Credit card.*)

Circle One: Visa/ MasterCard      Debit/Credit Card# \_\_\_\_\_

Expiration Date \_\_\_\_/\_\_\_\_      Security Code (on back of card) \_\_\_\_\_

**Authorized Signature (REQUIRED FOR ALL OPTIONS!)**

X \_\_\_\_\_

**REGISTRATION FEES ARE DUE UPON ENROLLMENT. ALL FEES ARE NON-REFUNDABLE. ALL RETURN DEBITS OR DECLINED CHARGES WILL BE ASSESSED A \$35 RETURN FEE PER OCCURRENCE.**



## Faith Baptist School

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www.faihva.school

### Returning Student Enrollment Application (2022-2023 School Year) (Please complete ONE per STUDENT.)

Student Name \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Phone \_\_\_\_\_

Does your child have any allergies or health concerns? ( \_\_\_ Yes \_\_\_ No )

- If yes, do they require medication to be kept at school? ( \_\_\_ Yes \_\_\_ No )
- If yes, a MAT Written Medical Consent Form is due prior to your child starting school. (A blank form is available on the Admissions page under Supplemental Forms on the school website)

Has your child ever:

- Repeated a grade?( \_\_\_ Yes \_\_\_ No )
- Been diagnosed with a learning disability, or given an IEP, 504, or behavior plan? ( \_\_\_ Yes \_\_\_ No )
- Been suspended from a school? ( \_\_\_ Yes \_\_\_ No )
- Been expelled from a school? ( \_\_\_ Yes \_\_\_ No )

Are there any:

- Current custody or legal concerns? ( \_\_\_ Yes \_\_\_ No )
- Family/personal problems that have affected your child's emotional development? ( \_\_\_ Yes \_\_\_ No )

If yes for any of the above, please explain \_\_\_\_\_

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### 7th - 12th Grade Only!

Does your child wish to attend our school? ( \_\_\_ Yes \_\_\_ No )

If no, why not?

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### Parental-Student Cooperation Statement

(Please complete ONE per STUDENT.)

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

#### **PART ONE (Parent/Guardian):**

1. In submitting an application for my child, I understand that no student is considered to be registered or enrolled until the registration fees are paid and that the school policy is to make no refunds on registrations.
2. All students are accepted on a trial basis. The school reserves the right to dismiss any student whose behavior or attitude does not comply with the policies found in the *FBS Handbook*. If a student is dismissed for any reason, the tuition will be prorated at the end of the current month for which the child attended.
3. We agree to pay tuition for the amount as stated in the application packet or the Preschool Program Agreement. We understand that report cards or transcripts will not be given if our account becomes delinquent during the grading period or if a satisfactory arrangement has not been made with the finance office.
4. In an effort to follow the biblical principle of handling conflict (Matthew 18), we will bring any and all questions and criticisms directly to the faculty and administration so that they may be properly considered by those in authority.
5. All cell phones and personal electronic devices (e.g. iPods, tablets, smart watches, etc) must remain in the student's locker from 7:50 am until dismissal from school.
6. Lockers will be issued to all seventh through twelfth grade students for textbook and personal storage. Lockers should not be considered personal property and may be inspected at the discretion of the administration.
7. I give permission for my child to take part in all school activities, including sports and school-sponsored trips away from school premises and absolve the school from liability to me or my child due to any injury at school or during any school activity. In case of an accident or serious illness, I request that the school contact me. If the school is unable to contact me, the school has my full approval to contact a physician or make whatever arrangements are necessary.
8. I agree that my child will abide by the Uniform Guidelines and Standards of Conduct as given in the *FBS Handbook* and that the school administration has the right to interpret the standards and principles given in the *FBS Handbook* as they apply to everyday life.
9. I agree to uphold, abide by, and support the program, policies, and principles found in the **2022-2023 FBS Handbook**. (Available in June.)

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**PART TWO (Student):**

"As a student of Faith Baptist School, I will abide by the Uniform Guidelines and Standards of Conduct as given in the **2022-2023 FBS Handbook** which I have read and understood. I agree to abide by the rules of the school and other regulations expected of each student enrolled in Faith Baptist School and will not give the impression to other students, parents, or faculty that I am not in harmony with the goals, aims, or standards of the school."

Student Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**INTERNET USE/SOCIAL MEDIA/CYBERBULLYING**

1. **INTERNET:** Internet use is a privilege, and must be in support of education and research and be consistent with the educational objectives of Faith Baptist School. Unacceptable use will result in a cancellation of those privileges.
2. **SOCIAL MEDIA:** FBS will hold students accountable for information posted that violates our school policies, especially comments, posts, photographs, threats, etc., concerning the school's students, administration, faculty and staff.
3. **CYBERBULLYING:** Cyberbullying will not be tolerated and will be dealt with accordingly.

**STUDENT:**

I have read, understand, and will abide by the stated terms and conditions. Should I commit any violation of the regulations, my access privileges may be revoked, school disciplinary action may be taken and/or appropriate legal action may be pursued against me.

Student Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**PARENT/GUARDIAN:**

As the parent or guardian of this student, I have read the Terms and Conditions. I understand that this access is designed for educational purposes and the School Administration has taken reasonable precautions to eliminate access to controversial material. However, I also recognize it is impossible for the School Administration to restrict access to all controversial materials, and I will not hold them responsible for materials acquired on the network by my child. I hereby give my permission for my child to have access to the Internet and certify that the information contained on this form is correct.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**MEDIA RELEASE**

This section authorizes or prohibits the publication of achievements of our students. Occasionally, we desire to publish students' names, photographs, and achievements in school or local publications, on the school website ([www.faithva.school](http://www.faithva.school)) and on promotional materials.

\_\_\_\_\_ We/I hereby ***GIVE PERMISSION*** for Faith Baptist School to publish my child's name, photos, or achievements in school or local publications and on the school website.

\_\_\_\_\_ We/I hereby ***DO NOT GIVE PERMISSION*** for Faith Baptist School to publish my child's name, photos, or achievements in school or local publications and on the school website.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_



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## Pastoral Reference Form (7th-12th grade ONLY!) (Please provide student name, your signature, and have your pastor complete ONE per STUDENT.)

Student Name \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

Dear Pastor,

The parents of the student named above are giving you this referral form at the request of FBS. As a church ministry, our school respects your impressions and opinions regarding this student and family. Your help in this matter is vital to us. The parent/guardian signature authorizes you to give us the requested information and indicates their understanding that all responses you give are confidential and will not be discussed. They are the sole property of FBS. Would you please answer the following questions as clearly and thoroughly as possible?

**The completed form can be mailed, faxed to 540-786-3380 or emailed to [jonathanraines@faithva.school](mailto:jonathanraines@faithva.school)**

This section is to be completed by your pastor:

\_\_\_\_ Parents are members.                      \_\_\_\_ Children are members.

Our records indicate their attendance as follows:

\_\_\_\_ Every Service                                      \_\_\_\_ Sunday Mornings Only  
\_\_\_\_ Sundays Only    \_\_\_\_ Occasionally

Please provides comments about the student:

1. Salvation testimony:

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

2. Attitude towards spiritual growth and authority:

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

3. Have you known this student to use tobacco, drugs, or alcohol? ( \_\_\_\_ Yes \_\_\_\_ No )

4. If you had a child the age of this student, would you want your child to be influenced by this student? ( \_\_\_\_ Yes \_\_\_\_ No )

5. Any additional information that you think would influence our decision regarding accepting this student?

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

Pastor signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Church name \_\_\_\_\_ Phone number \_\_\_\_\_