

APPLICATION FOR ADMISSION TO  
**SENECA BIBLE BAPTIST ACADEMY**  
1859 Auburn Rd., Seneca Falls, NY 13148  
315-568-9100

DATE: \_\_\_\_\_

Applicant's Name \_\_\_\_\_  
Last first MI

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

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

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

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

Parent or Guardian - Father \_\_\_\_\_

Employed at \_\_\_\_\_

Employer's Address \_\_\_\_\_

Business Phone \_\_\_\_\_ Position \_\_\_\_\_

Mother \_\_\_\_\_

Employed at \_\_\_\_\_

Employer's Address \_\_\_\_\_

Business Phone \_\_\_\_\_ Position \_\_\_\_\_

Grade to be entered \_\_\_\_\_ Date to be entered \_\_\_\_\_

List all previous schools attended by this child:

Name of School	Address	Grades
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Has child ever repeated a grade? \_\_\_\_\_ If so, which grade \_\_\_\_\_

Will child need bus transportation? \_\_\_\_\_ If so, parent must notify the School District.

If child is transferring from another school, give reason for desiring to attend this school

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Church Affiliation:

Name \_\_\_\_\_ Address \_\_\_\_\_

Pastor's name \_\_\_\_\_

### Statement of Parents or Guardians

(Guardians assume the same responsibility as parents)

We understand the policies and standards of the school and pledge our support to the school and its administration.

1. The school and the parents will discuss any discipline needed of my child/children if a situation arises.
2. The school has full discretion for placing my child/children in the proper grade, regardless of the grade completed prior to transfer to this school.
3. I/we will participate in lending practical help and prayer support in a mutual effort to train our child/children.
4. I/we will pay the appropriate fees and tuition required by the school.
5. The school reserves the right to suspend or dismiss any student who does not cooperate with the educational process.

Father \_\_\_\_\_

Mother \_\_\_\_\_