



TACOMA BAPTIST SCHOOLS

Supplemental Enrollment Forms for Admission

We appreciate your interest in submitting an application for enrollment to TBS for your child. Please note that all supplemental forms will need to be submitted to our Admissions Office before scheduling an interview with the principal. Upon completion of the student interview, our admissions committee will notify you of acceptance status. A delay in submitting necessary admission forms could delay acceptance for enrollment.

Non-Discrimination: Tacoma Baptist Schools does not discriminate on the basis of race, sex, color, or national/ethnic origin in its admission policy. As a religious, private institution, however, it does screen students on the basis of academic department and compatibility with the school's religious goals, purpose, and philosophy.



TACOMA BAPTIST SCHOOLS

School Year 2017/2018

Date _____

EMERGENCY INFORMATION & MEDICAL HISTORY

This form must be completed, signed, and submitted to the school office before the student attends the first day of class. This is confidential information and will be seen only by the school nurse and appropriate school personnel.

STUDENT NAME

Birth Date

_____/_____/_____/_____
Month Day Year Grade Entering

Please give the names and contact information of parents/stepparents/guardians **with whom the student lives.**

Name: _____ **Relation to student:** _____

Address: _____
Street City Zip

Home#: _____ **Cell#:** _____ **Work #:** _____

Name: _____ **Relation to student:** _____

Address: _____
Street City Zip

Home#: _____ **Cell#:** _____ **Work #:** _____

EMERGENCY CONTACTS: In case of emergency or injury, if parents cannot be reached, notify (please prioritize)

NAME	RELATIONSHIP TO STUDENT	PHONE

Date of Last Physical Exam: _____

Medical Insurance: All students attending our school are required to have medical insurance coverage. TBS does not assume responsibility for such coverage.

Insurance Company: _____ **Policy number:** _____

Doctor's Name: _____ **Phone number:** _____

Preferred Hospital: _____ **Phone number:** _____

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Student Name: _____ 2017/18 Grade: _____ Date: _____

MEDICAL HISTORY

Does your child currently have or has your child previously had any of the following? If YES, explain briefly.

	Yes	No	
Allergies to medication	___	___	List: _____
Other Allergies (Food, etc)	___	___	List: _____ Epipen? _____
Frequent Headaches	___	___	_____
Convulsions/Seizures	___	___	_____
Hearing Impairment	___	___	_____
Visual Impairment	___	___	_____
Frequent Ear Infections	___	___	_____
Asthma	___	___	Inhaler needed at school? _____
Hay Fever	___	___	_____
Heart Abnormality	___	___	If so are there limitations? _____
Kidney Disease	___	___	_____
Blood Disease	___	___	_____
Frequent Nosebleeds	___	___	_____
Diabetes	___	___	On Insulin? _____
Hypoglycemia	___	___	_____
Skin problems	___	___	_____
ADD	___	___	_____
ADHD	___	___	_____
Emotional Concerns	___	___	_____
Other	___	___	_____

Please List any Medications being taken: _____

NOTE: Per Washington State Law, no prescribed or over the counter medications may be administered at school without a physician's order on file signed by the parent and the child's health care provider. Medication must be provided by the parent in its original container and clearly labeled with the student's name, name of medication, and dosage.

CONSENT FOR HOSPITAL ADMISSION AND/OR PHYSICIAN'S CARE

We agree that in the event our child becomes ill or sustains an injury while in the care of TBS, and TBS believes the illness or injury is of an urgent nature, 911 may be called and/or our child may be transported to the nearest hospital/medical facility for care. We hereby consent to all medical and surgical treatment by the attending physician and to the administration and performance of all examinations, administering of medicine, treatments, anesthetics, operations, x-rays, blood tests, transfusions, or other procedures which may be deemed necessary for my child during the stay at a hospital.

If an illness or injury to our child is believed to be of a less serious nature, TBS personnel will attempt to contact the parent for further instructions.

Financial Agreement

We hereby agree to accept responsibility for any costs or charges that result from, are incurred by, or arise in connection with the care or hospitalization of our child. We furthermore agree to indemnify and hold harmless TBS for all such costs or charges.

Signature of parent/legal guardian

Date

Signature of parent/legal guardian

Date



TACOMA BAPTIST SCHOOLS

SPIRITUAL LIFE REFERENCE FORM

****All students new to Tacoma Baptist Schools** Returning students entering grade 7****

This form is to be completed by an adult who regularly interacts with your child as his/her pastor, youth pastor, Bible study leader or Sunday school teacher.

PARENT/GUARDIAN, PLEASE COMPLETE THIS PORTION

RE: Student Name: _____ Applying to enter grade: _____

Dear _____,

My child is applying for admission to the Tacoma Baptist Schools. Please complete and return this form either by fax or in a sealed envelope to the address above. The information you provide will be kept confidential and will only be used for the purpose of admission. I understand that this form is the property of TBS, and I waive my right to view the completed form. Thank you for your assistance!

Parent signature: _____ Date: ____/____/____

PASTOR / YOUTH PASTOR / BIBLE STUDY LEADER / SUNDAY SCHOOL TEACHER: PLEASE COMPLETE THE PORTION BELOW THEN MAIL OR FAX TO TACOMA BAPTIST SCHOOLS

How long has the student attended your church? _____ How long have you known the student? _____

In what capacities is the family involved in your church? _____

In what capacity is the student involved in your church? _____

How do you see this student living out his/her faith? (e.g. attending youth group or Bible study, helping in AWANA, Sunday School, Nursery, or other ministries.)

Your overall recommendation (please check one):

- I wholeheartedly recommend this student
- I recommend this student but have some reservations (please explain below)
- I do not recommend this student (please explain below)

Explanation or additional comments: _____

Signature _____ Position _____

Church _____ Phone _____ Date _____



TACOMA BAPTIST SCHOOLS

TEACHER REFERENCE FORM

****All 1st – 12th grade students new to Tacoma Baptist Schools****

Note: If parents are home schooling, the parent primarily responsible for teaching should complete this form.

PARENT/GUARDIAN, PLEASE COMPLETE THIS PORTION

RE: Student Name: _____ Applying to enter grade: _____

Dear _____,

My child is applying for admission to the Tacoma Baptist Schools, a campus of South Sound Christian Schools. Please complete and return this form either by fax or in a sealed envelope to the address above. The information you provide will be kept confidential and will only be used for the purpose of admission. I understand that this form is the property of SSCS, and I waive my right to view the completed form. Thank you for your assistance!

Parent signature: _____ Date: ____/____/____

TEACHER, PLEASE COMPLETE REMAINDER AND MAIL OR FAX TO SOUTH SOUND CHRISTIAN SCHOOLS:

Name of Person Giving Reference: _____

School: _____ Title/Position: _____

How long and in what capacity have you known this student? _____

Please identify student's characteristics by checking all appropriate descriptors for each category. Clarifying comments are welcome.

Moral Standards Above reproach Wholesome Acceptable Questionable Poor

Comments: _____

Integrity Trustworthy Dependable Minor deceptions Often dubious Unreliable

Comments: _____

General Conduct Exceptionally cooperative Obedient Challenges authority Sometimes disobedient
 Often disobedient

Comments: _____

Work Habits Above & beyond Consistent Sporadic Does minimum Needs improvement

Comments: _____

Academic Achievement Overachiever At potential Inconsistent Below potential

Comments: _____

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Average Grades A's A/B's B's B/C's C's C/D's D/F's

Comments: _____

Courtesy Respectful Usually polite Sometimes negligent Often negligent Rough

Comments: _____

Social Skills Outgoing Friendly, open Confident Reserved Sullen

Comments: _____

Choice of Friends Chooses the best In a good group Mixed friends Troubled friends

Comments: _____

Leadership Influential Respected but slow to lead Independent, discriminating
 Follows indiscriminately Leads in negative direction

Comments: _____

Emotional Stability Very stable Well balanced Normal Unstable Apathetic

Comments: _____

Interaction with Parents Always respectful Usually respectful Sometimes disrespectful
 Often disrespectful Defiant Unknown

Comments: _____

Is there any record of conduct at school or in the community that has required more than normal disciplinary action?

Yes No Unknown

If yes, please give approximate date and details. _____

Your overall recommendation (please check one):

- I wholeheartedly recommend this student
 I recommend this student but have some reservations (please explain below)
 I do not recommend this student (please explain below)

Explanation: _____

Signature: _____ **Phone** _____



TACOMA BAPTIST SCHOOLS

PARENT AGREEMENT Preschool – Grade 12

Please read each paragraph thoroughly. Initial each item to indicate understanding of each portion of the Parent Agreement. Place your signature, printed name, and date at the end of this document.

___ **PHILOSOPHY:** We understand the mission and purpose of Tacoma Baptist Schools (TBS) and by signing this parental agreement do pledge to support and cooperate in every way at home and at school to enhance and fulfill this purpose and philosophy.

___ **PARENTAL INVOLVEMENT:** We understand that the mission and philosophy of the school cannot be fulfilled without parental involvement. This involvement includes, but is not limited to: attendance at school functions and parent meetings, support of the homework policy, reading information sent home from the school, communication with our child(ren)'s teacher(s), participation in fundraising activities, Christian conduct at sporting events, volunteering at our school, etc.

___ **CONTINUOUS ENROLLMENT:** We understand that upon our child(ren)'s acceptance into TBS, enrollment will continue from the date of initial acceptance and will continue *through* graduation from Tacoma Baptist High School or until the family submits formal notice of intent to withdraw and completes the required withdrawal process. We understand that each January, TBS will provide information regarding next year's tuition rates and bill a fee for continuous enrollment. We further understand that maintaining continuous enrollment for our child(ren) requires that we update our family's information with the school and pay the annual continuous enrollment (CE) fee. We understand that the fee for continuous enrollment is non-refundable.

___ **DISCIPLINE AND CONDUCT:** The school shall have authority to discipline our child(ren) when necessary, and we will require our child(ren) to comply with all school regulations. We agree that we will cooperate and discipline our child(ren) at home as needed. We understand that a child who persists in unacceptable conduct will not be permitted to remain in school. We further agree to require our child(ren) to show respect for those in authority over them in the school such as administrators, teachers, assistants, all staff, and parent volunteers.

___ **DRESS CODE:** We agree to support the dress code as outlined in the school handbook and to see that our child(ren) abide by those guidelines.

___ **DAMAGES:** We will pay for damages caused by our child(ren).

___ **ACTIVITIES:** We grant permission for our child(ren) to participate in all school-sponsored activities during the school day. We understand that our child(ren) have to use school transportation for school activities and that the school assumes no liability beyond that of reasonable caution and care in conducting trips. We agree to hold harmless TBS, its employees, agents, and representatives, including volunteers and drivers, from any and all claims arising from our child(ren)'s participation in school activities. Child(ren) enrolled at Tacoma Baptist may participate in school activities held at the Vaughan Playfield (the park across from the Tacoma Baptist Campus) without additional permission from us.

___ **LIABILITY:** We release TBS from all liability, except negligence, while our child(ren) is/are under school care and responsibility.

___ **PLACEMENT:** We understand that the school has full discretion in the class placement of our child(ren) and strives to work with the parents in this placement.

___ **GRIEVANCES:** We agree to abide by the schools' policy of conflict resolution as given in the school handbook.

___ **PHOTOGRAPHS AND VIDEO:** I/We hereby give permission to Tacoma Baptist Schools or an authorized studio to photograph and/or video tape my/our student for internal and external publications, marketing tools, or publicity purposes.



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FINANCIAL AGREEMENT: We agree to fulfill all financial obligations promptly.

******Please mark your choice of tuition payment:** Annual Monthly/FACTS****

Payment Schedule: (U.S. students only). We understand tuition may be paid in one of the following ways: pay in full by June 1st and receive a 7% discount, pay in full by July 1st and receive a 5% discount, August 1st and receive a 3% discount or pay monthly through automatic deduction with FACTS Management.

Delinquent Accounts: (U.S. students only) We understand that if the full payment is not received by the due date, there will be a \$25.00 late fee, and the late fee will continue to accrue each month that the account remains delinquent. If the annual payment is not received by the due date, there will be a late fee and the account will be set up monthly with FACTS Management. We understand that our child(ren) will not be permitted to continue to attend school and report cards/transcripts will be held if our account becomes more than 45 days past due. We understand in order to maintain enrollment, our account must be current.

Withdrawal Fee (Domestic students): We understand that tuition fees will continue to accumulate for 21 school days from the date of written notice or until the last day the student attends, whichever is later. Report card(s), transcripts, and diploma(s) will be released after financial obligations are paid. *I/we understand that no communication with colleges or universities regarding my/our child(ren)'s academics/grades will occur unless my/our account is paid in full.*

Non-Refundable/Non-Transferable Fees: Continuous enrollment and Application fees are non-refundable and non-transferable.

Returned Check: Any returned check will result in a \$25.00 charge to my account.

SCHOOL DIRECTORY INFORMATION RELEASE: We understand that school directory information consists of parent and student names, addresses, telephone numbers, and/or email addresses. This information will potentially be printed in school directories, class lists, etc. unless otherwise indicated. We agree to have our information listed for TBS family use.

CHURCH ATTENDANCE: We understand that all Tacoma Baptist students and at least one parent must regularly attend a conservative evangelical Christian church. We agree to abide by this policy.

HANDBOOK: We have read the Parent-Student Handbook and agree to abide by its contents. (Parent-Student Handbook may be accessed in the Resource Documents section of RenWeb or obtained through the school office.)

INTERNET ACCESS & ACCEPTABLE COMPUTER USE POLICY: I/We have read the **Acceptable use Policy for Internet Access.** (*Internet Access Policy* may be accessed in the Resource Documents section of RenWeb or obtained through the school office.) I/we as the parent/s hereby agree to comply with the policy. I/we understand and agree that my/our child(ren) will be expected to communicate over the network in a responsible fashion and observe all relevant laws and restrictions, with the goal of honoring God throughout the process. In addition, the parent/legal guardian of the student(s) hereby grants permission for the student(s) to access networked computer services such as electronic mail and the Internet. I/we also understand that my/our child(ren) will be held liable for violations, and I/we accept responsibility for guidance of Internet use—setting and conveying standards for my/our son or daughter to follow when selecting, sharing, or exploring information and media.

By signing below, I/We acknowledge having read this agreement carefully and hereby agree to its terms.

Note: A signed and dated 2017-2018 Parent Agreement must be submitted to the Admissions Office before enrollment is considered complete.

Parent Signature Printed Name Date: _____

Parent Signature Printed Name Date: _____



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MEDICAL POLICIES

SCHOOL HEALTH POLICY: We understand that it is our responsibility to notify the school and provide timely updates of any changes in our child(ren)'s health, healthcare coverage, vaccinations, allergies, and/or other health concerns which may affect our child(ren)'s well-being while at school and school-sponsored events. **Per Washington State Law, NO medications will be given without written permission from the physician AND the parents.** See handbook for our policy in this area.

CONSENT FOR EMERGENCY CARE: We agree that in the event our child becomes ill or sustains an injury while in the care of TBS, and TBS believes the illness or injury is of an urgent nature, 911 may be called and/or our child may be transported to the nearest hospital/medical facility for care. We hereby consent to all medical and surgical treatment by the attending physician and to the administration and performance of all examinations, administering of medicine, treatments, anesthetics, operations, x-rays, blood tests, transfusions, or other procedures, which may be deemed necessary for my child during the stay at a hospital. If an illness or injury to our child is believed to be of a less serious nature, TBS personnel will attempt to contact the parent for further instructions. **Financial Agreement:** We hereby agree to accept responsibility for any costs or charges that result from, are incurred by, or arise in connection with the care or hospitalization of our child. We furthermore agree to indemnify and hold harmless TBS for all such costs or charges.

MEDICAL INSURANCE: We understand that we are responsible to maintain adequate medical insurance to cover our child(ren)'s medical needs or emergencies while attending TBS and TBS activities.

ACKNOWLEDGEMENT OF MEDICAL POLICIES

My signature below indicates that I have read and hereby grant my consent for TBS to seek urgent medical care on behalf of my child(ren) in the event of an emergency. This consent extends through all years that my child is enrolled at TBS.

_____		Date: _____
Parent Signature	Printed Name	
_____		Date: _____
Parent Signature	Printed Name	
_____		Student Printed Name
_____		Student Grade (for 2017-18)
_____		_____
_____		_____
_____		_____
_____		_____

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Each family is expected to volunteer 20 hours per year.

Suggested areas for help

- | | |
|---|--|
| <input type="checkbox"/> Recess duty | <input type="checkbox"/> Teacher's assistant |
| <input type="checkbox"/> Auction help | <input type="checkbox"/> Office help |
| <input type="checkbox"/> Booster Club | <input type="checkbox"/> Athletic support (helping at games, etc.) |
| <input type="checkbox"/> Event assistance | <input type="checkbox"/> Maintenance/grounds |
| <input type="checkbox"/> Library | <input type="checkbox"/> Facilities projects |
| <input type="checkbox"/> Bakers | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> Technology help | <input type="checkbox"/> Car line (AM-Elem) |

Other areas in which you may be interested in helping around the school:

Anticipated days or evenings available: _____

Name: _____ **Date:** _____

Phone _____ **Student grade** _____