

Arkansas Baptist School System



LRFBC Campus
Elementary Grades K3 - 6
Administrative Offices
62 Pleasant Valley Drive
Little Rock, AR 72212
(501) 227-7070

“The Ranch” Campus
Junior/Senior High Grades 7 - 12
8400 Ranch Boulevard
Little Rock, AR 72223
(501) 868-5121

New Student Admission Application GUIDELINES FOR ADMISSION

In an effort to make the admission process a positive one, we have provided you the sequential order of steps to follow. If you have questions about any part of the admission process, please feel free to call the Admissions Office at (501) 227-7077, ext. 368.

Step 1. The Application: Parents/guardians wishing to enroll their child should complete the application in full. Additional applications may be obtained online at www.arkansasbaptistschoolsystem.com.

The following items must accompany the application:

- Application fee - \$50 (Check made payable to ABSS)
- Copy of birth certificate
- Copy of current immunization records
- Copy of most recent report card/transcript (grades 1-12 only)
- Copy of most recent two years standardized test scores (grades 1-12 only) *Please include any additional special testing information, including psychological, special education testing and IEPs, if applicable.*
- Request for Records completed form (grades 1-12 only)
- Secondary Student Questionnaire (grades 7-12 only)
- Child custody papers, if applicable

Step 2. The Interview: Once the application, all necessary forms and the \$50 application fee are received by the Director of Admissions, the Principal will review the application information, schedule any necessary academic screening, and then arrange for an interview with the applicant and parents/guardian.

Step 3. Registration: Upon receipt of an admission approval by the Principal, the Director of Admissions will assist you with registration. The following will be submitted at this time:

- Payment of registration fee (refer to Tuition and Fee Schedule)
- Completed, signed and dated Financial Agreement form, including Bank Draft Authorization with voided check or Credit Card payment authorization
- Completed Transportation form, if applicable
- Completed Extended Care Application and Payment Plan, if applicable

Nondiscriminatory Policy

ABSS admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, nation and ethnic origin in administration of its educational policies, scholarship and loan programs, athletic and other school-administered program. ABSS offers the concept of Christian education to all who choose it.

NEW STUDENT ADMISSION APPLICATION

Applying for school year

STUDENT INFORMATION

Name _____
last first middle preferred

Date of Birth _____ () Male () Female SS# _____ - _____ - _____
mm/dd/yy

Applying for Preschool () K3 1/2-Day (M-F) () K3 Full Day
Check one () K4 1/2-Day (T,W,Th) () K4 1/2-Day (M-F) () K4 Full Day
() K5 1/2-Day (M-F) () K5 Full Day

**Applicants for Preschool must be of age according to Arkansas Code.*

Applying for Grades 1 – 12 _____
grade

Student Lives With _____ Relationship _____

Home Address _____
_____ city state zip

Home Telephone(_____) _____ - _____ Church Student Attends _____

FAMILY INFORMATION (*Complete address, home phone & church affiliation if different from student's)

Father's Name _____ Mother's Name _____

*Address _____ *Address _____
_____ city/state/zip _____ city/state/zip

*Home Phone _____ *Home Phone _____

Mobile Phone _____ Mobile Phone _____

E-mail Address _____ E-mail Address _____

Occupation _____ Occupation _____

Employer _____ Employer _____

Business Phone _____ Business Phone _____

*Church Affiliation _____ *Church Affiliation _____

Are student's parents ABSS Alumni? ____ If yes, list full name(s) and year(s) of graduation: _____

Are both parents living? Are both parents living? ____ If not, which parent is living? _____

Are parents separated? ____ divorced? ____ If yes, who has legal custody? _____

Person responsible for ABSS account _____

Billing Address _____

For School Use Only

Application Fee Paid \$ _____	Credit Card: VISA _____ MASTERCARD _____
Cash _____ Check # _____	Acct.# _____ Exp. _____
Registration Fee Paid \$ _____	Signature _____
Cash _____ Check # _____	

Date Application Rec'd: _____

Siblings

Name	Age	School	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Paternal Grandparents

<i>last name</i>	<i>first name(s)</i>	
<i>address</i>	<i>city/state/zip</i>	<i>Email address</i>
<i>last name</i>	<i>first name(s)</i>	
<i>address</i>	<i>city/state/zip</i>	<i>Email address</i>

Maternal Grandparents

<i>last name</i>	<i>first name(s)</i>	
<i>address</i>	<i>city/state/zip</i>	<i>Email address</i>
<i>last name</i>	<i>first name(s)</i>	
<i>address</i>	<i>city/state/zip</i>	<i>Email address</i>

GUIDANCE INFORMATION

How did you hear about ABSS? _____

Last School or Preschool/Daycare Attended _____

_____ Public _____ Private _____ Christian/Parochial

Has the student ever attended Arkansas Baptist School System? _____ If so, when? _____

Other Schools Attended

<i>Name of School</i>	<i>Location</i>	<i>Grades Attended</i>
<i>Name of School</i>	<i>Location</i>	<i>Grades Attended</i>
<i>Name of School</i>	<i>Location</i>	<i>Grades Attended</i>

Has the student ever been dismissed from current or former school? () Yes () No

Has the student ever received a disciplinary censure at school? () Yes () No

Has the student ever received a disciplinary censure from the community? () Yes () No

If "yes" was checked in any of the above questions, attach an additional sheet explaining the circumstance(s).

MEDICAL INFORMATION

List any allergies (food, Rx, insect stings, medication, etc.) _____

List any vision, hearing, or speech difficulties _____

Does your child wear glasses____, contacts____, or hearing aids____?

List any illnesses, health or physical limitations _____

Does your child take medication for Attention Deficit Disorder (ADD) or Attention Deficit/Hyperactivity Disorder (ADHD)?

() No () Yes, (explain) _____

List any routine medication(s) and the reason(s) for the prescription(s) _____

What are the side effects of the medication(s)? _____

IMPORTANT: PLEASE READ CAREFULLY BEFORE SIGNING

By signing this application, you are indicating your commitment to support the standards of Arkansas Baptist School System and agree to the following:

- This application is made with the understanding that the school reserves the right to request the withdrawal of any student who does not meet its academic requirements, or fails to conform to its rules and regulations published in the Student Handbook.
- Permission is granted to Arkansas Baptist School System to use my child's picture in school publications.
- Permission is also granted for my child to attend all school-sponsored trips and activities throughout the school year unless I request, in writing, nonparticipation in an event and release ABSS, staff and chaperones from any liability due to accident or injury.

Signature of Parent/Guardian

Date

Send completed application to:

**Director of Admissions
Arkansas Baptist School System
62 Pleasant Valley Drive
Little Rock, AR 72212**

_____ For Administrative Use Only _____

- () Approval
- () Conditional Approval
- () Non-Approval

Signature of Principal

Date