FBC ACADEMY

Equipping Soldiers for the Kingdom
Ephesians 6:10-17

A Ministry of
First Baptist Church
350 Highway 96 South
Silsbee, Texas 77656
(409) 385-2819

STUDENT NAME: _____

DATE RECEIVED: _____

2026-2027 Student Enrollment Packet

Welcome to FBC Academy! We are thrilled you have chosen to partner with us for your child's education. All required paperwork must be completed and submitted with all fees paid in full to secure a spot for your student. **Registration fee & curriculum fee are non-refundable.** Enrollment status will be determined upon receipt of all enrollment documents. Please submit for enrollment early as space is limited.

To complete your Enrollment Packet:

- Choose the "Child #" for this student's registration.

KINDERGARTEN – 8TH GRADE			
"X"	**REGISTRATION FEE**		**CURRICULUM FEE**
	Child 1	$200	$300.00
	Child 2	$200	
	Child 3	$100	
	Child 4	$0	

- Place an "X" by the PLAN(S) needed for this student.
  Family Plans are for additional children with the *primary student being the oldest student*.

	"X"	PLAN	TIME	TUITION	MONTHLY
GRADES		Kindergarten - Grade 8	8:00-3:30	$4,750.00	$475.00
		Kindergarten - Grade 8 Family	8:00-3:30	$4,500.00	$450.00
SERVICES		EARLY DROP-OFF	7:00-7:30	$20.00/month	$20.00
		STAY and STUDY Kindergarten – Grade 5	4:00-5:00	$100/month	$100.00

- Registration Fee
- Curriculum Fee
- Admission Information
- Emergency Health Form
- Health Release Form *
- Academic Records
- Immunization Records/Exemption
- Allergy Form (FARE form) *
- Medication Distribution Form *

**Forms marked with an asterisk are only required if applicable to your student's medical or health needs.*

- You may pay with check or cash. Current students may pay via Praxi on their school account.

Please call the FBC Academy Office with any questions.

(Office Use) Grade: _____

Enrollment Information

Please complete all sections of this enrollment form. If a question does not apply, write N/A.

Operation's Name	**Director's Name/Office Telephone Number**
First Baptist Academy 350 HWY 96 South, Silsbee, TX 77656	Chris Bottoms (409) 385-2819 ext 730

Student's Full Name	Student's Date of Birth	Student's Gender **O** Male **O** Female

Parent or Guardian's Names

Student's Home Address	Student Lives With? **O** Both parents **O** Mom **O** Dad **O** Guardian

List phone numbers and email address below where parents or guardians may be reached while student is in care.

Mother's Area Code and Phone Number	Father's Area Code and Phone Number	Guardian's Area Code and Phone Number
Mother's Email Address	**Father's Email Address**	**Guardian's Email Address**

Authorized Release Contacts

I authorize FBC Academy **to release** my student to leave FBC Academy operation **ONLY** with the following persons. Please list name and phone number for each. Students will only be released to a parent or guardian or to a person designated by the parent or guardian after verification of ID.

Name	Relationship	Area Code and Phone Number
Name	Relationship	Area Code and Phone Number
Name	Relationship	Area Code and Phone Number

T-Shirt Size

Toddler/Youth

O 2T **O** 3T **O** 4T **O** 5T **O** Small **O** Medium **O** Large

Adult

O Small **O** Medium **O** Large **O** Extra Large **O** Extra Extra Large

Academic Records

For any student who has not previously attended FBC Academy, the following documentation is required to complete enrollment. If your student was enrolled at FBC Academy during the 2025–2026 school year, you do not need to complete this section.

My student attended FBC Academy for the 2025-2026 school year. O Yes O No

If no, please complete the following:

Previous School Attended	Date Attended

I have provided my student's current immunization record or exemption form. O Yes O No

I have provided my student's most recent report card or transcript. O Yes O No

I authorize FBC Academy to request records from my student's previous school. O Yes O No

Vision & Hearing Screening Requirement

Texas law requires that students attending public or private schools receive vision and hearing screenings at specific ages and grade levels. Documentation of screening must be provided to the school for students who are:

- enrolling for the first time in a Texas school at age 4 or older
- in Kindergarten, 1st, 3rd, 5th, and 7th grades

FBC Academy does not conduct on-campus screenings. Parents must submit documentation from a physician, optometrist, audiologist, or another qualified provider confirming the screening has been completed.
Documentation from your student's yearly well visit typically includes this information.

Private schools are public accommodations under the American with Disabilities Act (ADA), Title III. To learn more, visit https://www.ada.gov/resources/child-care-centers/. If you believe that such an operation may be practicing discrimination in violation of Title III, you may call the ADA Information Line at (800) 514-0301 (voice) or (800) 514-0383 (TTY).

(Office Use) Grade: _____

2026-2027 FBC Academy Student Emergency Form

PLEASE PRINT ALL INFORMATION – Each space must be filled; use N/A if necessary

Student's Full Name	Gender	Age	Date of Birth	Home Phone Number

Parent/Guardian	Cell Phone	Employer	Phone

Parent/Guardian	Cell Phone	Employer	Phone

Student Lives With? **O** Both parents **O** Mom **O** Dad **O** Guardian

Emergency Contact Information (if parents/guardian cannot be reached)

Name of Emergency Contact	Relationship	Area Code and Phone Number

Address (Street, City, State, & Zip Code)

Name of Emergency Contact	Relationship	Area Code and Phone Number

Address (Street, City, State, & Zip Code)

Name of Emergency Contact	Relationship	Area Code and Phone Number

Address (Street, City, State, & Zip Code)

Student's Special Care Needs (check all that apply)

O Environmental allergies **O** Food Intolerances **O** Existing illness **O** Previous serious illness	**O** Injuries and hospitalizations (within the past 12 months) **O** Medications prescribed for continuous long-term use **O** Other: _____	Explain any needs selected

Does your student have diagnosed food allergies? **O** Yes **O** No	I acknowledge that an emergency food allergy care plan form must be filled out and submitted for the 2026-2027 school year. **O** Yes **O** No

Current Health Problems

Current Medications

Will medication be kept on campus for distribution to student? **O** Yes **O** No	I acknowledge that a medication distribution form must be filled out and signed for the 2026-2027 school year. **O** Yes **O** No

Student's Medical History: (check all that apply)

O Blood Disorder **O** Diabetes **O** Ear or Hearing Problems **O** Eye or Vision Problems **O** Heart Disease **O** High Blood Pressure **O** Seizures

O Other **Explain:** _____

Authorization For Emergency Medical Attention – Must Complete in Full

In the event I cannot be reached to arrange for emergency medical care, I authorize the person in charge to take my student to:

Name of Physician	Address (Street, City, State, & Zip Code)	Phone Number

Name of Emergency Care Facility	Address (Street, City, State, & Zip Code)	Phone Number

I authorize the listed medical facility to provide all necessary emergency care for my student.

_____ _____

Signature – Parent or Legal Guardian **Date Signed**

In the event of an emergency requiring evacuation or relocation for student safety, I authorize FBC Academy to transport my student by church-owned or approved employee vehicle as directed by school administration, with reasonable care taken for their safety.

_____ _____

Signature – Parent or Legal Guardian **Date Signed**

(Office Use) Grade: _____

Additional Information

Nutrition Release
Initial this statement in acknowledgement

_____ I acknowledge that I will provide my student's meals and/or snacks and FBC Academy is not responsible for its nutritional value.

Receipt of Handbook
Initial ONE statement in acknowledgement

_____ **I request a hard copy** of the FBC Academy Parent/Student Handbook.

_____ **I acknowledge that I am responsible for reading the Student/Parent Handbook online** at https://www.fbcsilsbee.org/academy.

By initialing one of the options above, I acknowledge that I am responsible for reviewing and complying with all policies, procedures, and expectations outlined in the FBC Academy Parent/Student Handbook for the duration of my student's enrollment.

Media Access Information

FBC Academy utilizes photographs and videos taken during the school day, special events, and other school activities to partner with our families and school community. These images may be shared through school-approved social media platforms and may also be used in FBC Academy promotional materials, including print and digital publications. Please review and respond to the following statements to grant or deny permission for FBC Academy to use your student's image as described above.

I give permission for my student's work to be displayed through FBC Academy social media platforms and promotional material.
O Yes **O** No

I give permission for photographs of my student to be displayed through FBC Academy social media platforms and promotional material.
O Yes **O** No

I give permission for my student's name to be displayed through FBC Academy social media platforms and promotional material.
O Yes **O** No

Internet Access for Kindergarten to High School

I give permission for my student to have supervised access to the internet.
O Yes **O** No

Office Use Only – Forms Checklist

Required Forms & Documentation

☐ Enrollment Form completed in full
☐ Parent/Guardian signatures obtained (all required sections)
☐ Emergency Contact Form complete
☐ Emergency Medical Authorization signed
☐ Academic Records section completed (if applicable)
☐ Immunization record received
☐ Exemption form received (if applicable)
☐ Hearing and Vision Screening (if applicable)
☐ Most recent report card or transcript received (if applicable)
☐ Records request sent to previous school (if applicable)

Permissions & Acknowledgments

☐ Emergency evacuation/transport authorization signed
☐ Media permissions completed
☐ Internet access permission completed
☐ Handbook acknowledgment completed
☐ Chromebook Contract signed (if applicable)
☐ Medication form completed (if applicable)
☐ Allergy action plan received (if applicable)

Required Payments

☐ Registration Fee
☐ Curriculum Fee (Kindergarten – High School)
☐ Resource Fee (Nursery – PK only)