Auburn Baptist Christian Academy

Dear Parents,

We want to thank you for your interest in our Christian School. Auburn Baptist Christian Academy is a ministry of Auburn Baptist Church. It is our objective to help prepare our students for both their vocation in life and their place of service for the Lord.

Our faculty and staff have a sincere desire to provide a sound education that will help our students grow mentally, physically and most importantly, spiritually. We want our students to have a heart for God and a desire to be good citizens in this country.

The goal of ABCA is not to reform students, but to train and prepare them for life. We have a desire for all of our students to come to know Christ as their personal Saviour. We also want to instruct them to live Godly lives, pleasing their Creator in all that they do.

Auburn Baptist Christian Academy will provide a solid education for your child. At the same time, ABCA will be an extension of the home by demonstrating love and discipline and using the Bible as our Foundation.

Blessings,

M. King

P. O. Box 917•3840 Riner Road • Riner, VA 24149 • 540-382-8824
mking@auburnbaptist.com • www.auburnbaptist.com.• Auburn Baptist Christian Academy on Facebook

Stanley "Shake" Smith
Pastor

Michael King
Administrator

Our Mission

Auburn Baptist Christian Academy, a ministry of Auburn Baptist Church, provides a Christ-centered formal education for the children of our church families and those within the Christian community. Our goal is to assist families in training and instructing their children and preparing them for a life of effective Godly service.

What We Offer

A Christ Centered Education

High Academic Standards

Caring and Qualified Teachers

A Family-like School Environment

Small Class Sizes

Affordable tuition Rates

A Challenging Education

ABCA uses the A Beka Book Christian curriculum which gives our students a solid, fact based, foundation of knowledge that is reinforced by a thorough review system. Additional subjects such as Bible, PE and music give academy students a rich learning experience.

An Affordable Education

We encourage families to consider Christian education for their children and we understand this requires a financial sacrifice. We seek to keep Christian education affordable with modest tuition rates and fees, and multi-student and Christian service discounts.

A Family-Oriented Education

At ABCA we believe that parents are the primary educators of their children and the responsibility of our faculty and staff is to assist parents in this endeavor. We encourage parental involvement and provide many opportunities for parents to assist us and be with their children as they learn.

ABCA 203-2024 SCHOOL YEAR

Enrollment & Tuition

Enrollment - $200 per student

Tuition - $4,300*

*10% discount for each additional child

Before / After School Care

Before Care is 7:30 am – 8:15 am

After Care is 3:20 pm – 6:00 pm

$8 per hour **$6** 2nd child **$5** 3rd child

Before/after care fees must be paid monthly and cannot accumulate. Parents will not be able to use this service if fees are not paid in full monthly.

Our desire is to keep tuition as low as possible.

We know that Christian education requires sacrifice.

We are thankful for our faculty and staff who also make the same sacrifice as they desire to minister to each student.

Auburn **B**aptist **C**hristian **A**cademy

mking@auburnbaptistchurch.com

***ABCA is currently in the process of changing over to a completely online format for all student information, applications and payments. This process will be complete in time for the 23-24 school year. All families will be required to use this system for payments. Once the system is ready, you will be instructed on how to use it and navigate the functions.*

STUDENT APPLICATION

(Please Print Clearly)

STUDENT INFORMATION

Today's Date: ________________________ Grade Level Applying For: ___________

Student's Full Name: _______________________ Preferred Name: _______________

Date of Birth: _________________ Gender: M / F Home Phone: _______________

Mailing Address: ____Zip: _________

Physical Address: ____Zip: _________

Mother's Name: ______________________ Father's Name: _____________________

Employer: ____________________________ Employer: __________________________

Work Phone: ________________________ Work Phone: ________________________

Cell Phone: __________________________ Cell Phone: _________________________

Home Phone: ________________________ Home Phone: _______________________

Email: ______________________________ Email: ______________________________

Number of Siblings: __________

	Name	Age	Grade	School
Sibling #1:				
Sibling #2:				
Sibling #3:				

ADDITIONAL STUDENT INFORMATION

List all schools attended including kindergarten and preschool.

	School Name	Phone Number	Grade Attended
1.			
2.			
3.			
4.			

Mailing Address of Most Recent School: ________________________________

____ Zip Code: ____________

Has this student been retained in a grade? ____________

If yes, which grade? _________________

Give a brief explanation. ____

____

____

Have previous educators expressed concern regarding attention, behavior, emotional, social or learning challenges? ________________

____

____

Has this student been expelled or suspended or asked to leave from a school? ______________________ If yes, please explain. ____________

____

____

Please describe any previous disciplinary problems. ________________

____

____

____

Has this student been evaluated for any physical, mental, academic or emotional needs? ______________ If yes, please explain. ____________

____

____

Does this student have physical, mental or emotional problems which require medication? ______________ If yes, please explain. __________

____

Name of student's physician: ________________________________

Physician's Office Address: ________________________________

________________________________ Zip Code: ________

Physician's Office Phone Number: ____________________________

OTHER DATA

Has student ever made a profession of faith in Christ? _________

Have student's parents ever made a profession of faith in Christ?

Mother: _______ Father: _______

Do you consider your home a Christian home? ____________________

What church does your family attend? _________________________

Are you a member of the church? ____________________________

Which of the following most accurately describes your family's church attendance?

_____ a. Active in the church _____ c. Children attend church

_____ b. Attend Occasionally _____ d. Attend a few times a year

Explain briefly why you desire a Christian education for your child. ____

____

____

____

Do you have other school age children that you will NOT be enrolling at Auburn Baptist Christian Academy? ______________________________

If yes, please explain why. ______________________________________

____

____

____

How did you hear about Auburn Baptist Christian Academy? _________

____

TERMS AND CONDITIONS

a. Auburn Baptist Christian Academy reserves the right to accept or reject any application.
b. Auburn Baptist Christian Academy admits students of any race, color, or national and ethnic origin to all rights, privileges, programs and activities generally accorded or made available to students of the school.
c. School policies are subject to change. Information on current policies will be made available at parent orientation meetings prior to enrollment.
d. Applicants agree to abide by all school policies, rules and regulations, including provisions for dress codes and discipline. Auburn Baptist Christian Academy has full discretion in the discipline of students while at the school.
e. Applicants agree that their students will receive instruction in the Christian Faith and understand that the school will endeavor to be guided by a Christian worldview in all of its programs and activities.
f. Auburn Baptist Christian Academy provides priority enrollment for children of Auburn Baptist Church members and children with enrolled siblings. Space must be available, and the enrollment request must be

exercised within the priority enrollment period. Information about priority enrollment may be obtained by contacting the office.

g. The school has policies designed to meet a reasonable standard of care for students who become ill or have an emergency situation at school. Parents are required to sign a medical release form each year allowing emergency medical care to be obtained in the case parents cannot be reached.

h. The school's Schedule of Fees provides information about financial terms and obligations. It is updated annually. Students are enrolled for the entire year and the parent or guardian is responsible for the annual tuition payment upon accepting enrollment. A non-refundable $200.00 enrollment fee must be submitted with this Student Application Form.

i. Auburn Baptist Christian Academy is a ministry of Auburn Baptist Church and is governed by a board made up of: Pastors, School Administration and Deacons of Auburn Baptist Church.

I hereby certify that I have read this Student Application Form, including the Terms and Conditions Section. I do agree to comply with the terms and conditions stated therein and furthermore accept the conditions and requirements of all other official policies and procedures of Auburn Baptist Christian Academy, including the payment of all fees and charges according to the published schedule of the school.

******This application cannot be processed until the registration fee is paid in full and the application is signed by the parents or guardian of the applicant. We also require a copy of the birth certificate for each child as well as shot records before the application can be processed.******

Mother's Signature: ______________________________ Date: ___________

Father's Signature: ______________________________ Date: ___________

Date Complete Application & Deposit Received: ________________________

COMMONWEALTH OF VIRGINIA
SCHOOL ENTRANCE HEALTH FORM
Health Information Form/Comprehensive Physical Examination Report/Certification of Immunization

Part I – HEALTH INFORMATION FORM

State law (Ref. Code of Virginia § 22.1-270) requires that your child is immunized and receives a comprehensive physical examination before entering public kindergarten or elementary school. **The parent or guardian completes this page (Part I) of the form.** The Medical Provider completes Part II and Part III of the form. This form must be completed no longer than one year before your child's entry into school.

Name of School: ______________________ Current Grade: ____________

Student's Name: ______________ Last ______________ First ______________ Middle

Student's Date of Birth: ___/___/___ Sex: ____ State or Country of Birth: ____________ Main Language Spoken: ____________

Student's Address: ______________________ City: ____________ State: ________ Zip: ________

Name of Mother or Legal Guardian: ______________________ Phone: ___-___-____ Work or Cell: ___-___-____

Name of Father or Legal Guardian: ______________________ Phone: ___-___-____ Work or Cell: ___-___-____

Emergency Contact: ______________________ Phone: ___-___-____ Work or Cell: ___-___-____

Condition	Yes	Comments	Condition	Yes	Comments
Allergies (food, insects, drugs, latex)			Diabetes		
Allergies (seasonal)			Head injury, concussions		
Asthma or breathing problems			Hearing problems or deafness		
Attention-Deficit/Hyperactivity Disorder			Heart problems		
Behavioral problems			Lead poisoning		
Developmental problems			Muscle problems		
Bladder problem			Seizures		
Bleeding problem			Sickle Cell Disease (not trait		
Bowel problem			Speech problems		
Cerebral Palsy			Spinal injury		
Cystic fibrosis			Surgery		
Dental problems			Vision problems		

Describe any other important health-related information about your child (for example, feeding tube, hospitalizations, oxygen support, hearing aid, etc.):

____

____

List all prescription, over-the-counter, and herbal medications your child takes regularly:

____

Check here if you want to discuss confidential information with the school nurse or other school authority. ☐ Yes ☐ No

Please provide the following information:

	Name	Phone	Date of Last Appointment
Pediatrician/primary care provider			
Specialist			
Dentist			
Case Worker (if applicable)			

Child's Health Insurance: ____ None ____ FAMIS Plus (Medicaid) ____ FAMIS ____ Private/Commercial/Employer sponsored

I, ______________________ (do___) (do not___) authorize my child's health care provider and designated provider of health care in the school setting to discuss my child's health concerns and/or exchange information pertaining to this form. *This authorization will be in place until or unless you withdraw it. You may withdraw your authorization at any time by contacting your child's school. When information is released from your child's record, documentation of the disclosure is maintained in your child's health or scholastic record.*

Signature of Parent or Legal Guardian: ______________________ Date: ___/___/____

Signature of person completing this form: ______________________ Date: ___/___/____

Signature of Interpreter: ______________________ Date: ___/___/____

COMMONWEALTH OF VIRGINIA
SCHOOL ENTRANCE HEALTH FORM

Part II - Certification of Immunization

Section I

To be completed by a physician or his designee, registered nurse, or health department official.
See Section II for conditional enrollment and exemptions.

A copy of the immunization record signed or stamped by a physician or designee, registered nurse, or health department official indicating the dates of administration including month, day, and year of the required vaccines shall be acceptable in lieu of recording these dates on this form as long as the record is attached to this form.

Only vaccines marked with an asterisk are currently required for school entry. Form must be signed and dated by the Medical Provider or Health Department Official in the appropriate box.

Student's Name: ______________________ (Last) ______________________ (First) ______________________ (Middle) Date of Birth: ___/___/___ (Mo. Day Yr.)

IMMUNIZATION	RECORD COMPLETE DATES (month, day, year) OF VACCINE DOSES GIVEN				
*Diphtheria, Tetanus, Pertussis (DTP, DTaP)	1	2	3	4	5
*Diphtheria, Tetanus (DT) or Td (given after 7 years of age)	1	2	3	4	5
*Tdap booster (6th grade entry)	1				
*Poliomyelitis (IPV, OPV)	1	2	3	4	
*Haemophilus influenzae Type b (Hib conjugate) *only for children <60 months of age	1	2	3	4	
*Pneumococcal (PCV conjugate) *only for children <2 years of age	1	2	3	4	
Measles, Mumps, Rubella (MMR vaccine)	1	2			
*Measles (Rubeola)	1	2	Serological Confirmation of Measles Immunity:		
*Rubella	1		Serological Confirmation of Rubella Immunity:		
*Mumps	1	2			
*Hepatitis B Vaccine (HBV) ☐ Merck adult formulation used	1	2	3		
*Varicella Vaccine	1	2	Date of Varicella Disease OR Serological Confirmation of Varicella Immunity:		
Hepatitis A Vaccine	1	2			
Meningococcal Vaccine	1				
Human Papillomavirus Vaccine	1	2	3		
Other	1	2	3	4	5
Other	1	2	3	4	5
Other	1	2	3	4	5

I certify that this child is **ADEQUATELY OR AGE APPROPRIATELY IMMUNIZED** in accordance with the **MINIMUM** requirements for attending school, child [illegible] prescribed by the State Board of Health's *Regulations for the Immunization of School Children* (Minimum requirements are listed in Section III).

Signature of Medical Provider or Health Department Official: ______________________ **Date** (*Mo., Day, Yr.*): ___/___/___

Certification of Immunization 11/06

Student's Name: ______________________________ Date of Birth: |___|___|___|

Section II
Conditional Enrollment and Exemptions

Complete the medical exemption or conditional enrollment section as appropriate to include signature and date.

MEDICAL EXEMPTION: As specified in the *Code of Virginia* § 22.1-271.2, C (ii), I certify that administration of the vaccine(s) designated below would be detrimental to this student's health. The vaccine(s) is (are) specifically contraindicated because (please specify):

____

____

____

DTP/DTaP/Tdap:[___]; DT/Td:[___]; OPV/IPV:[___]; Hib:[___]; Pneum:[___]; Measles:[___]; Rubella:[___]; Mumps:[___]; HBV:[___]; Varicella:[___]

This contraindication is permanent: [___], or temporary [___] and expected to preclude immunizations until: Date (*Mo., Day, Yr.*): |___|___|___|.

Signature of Medical Provider or Health Department Official: ______________________________ **Date (*Mo., Day, Yr.*):** |___|___|___|

RELIGIOUS EXEMPTION: The *Code of Virginia* allows a child an exemption from receiving immunizations required for school attendance if the student or the student's parent/guardian submits an affidavit to the school's admitting official stating that the administration of immunizing agents conflicts with the student's religious tenets or practices. Any student entering school must submit this affidavit on a CERTIFICATE OF RELIGIOUS EXEMPTION (Form CRE-1), which may be obtained at any local health department, school division superintendent's office or local department of social services. Ref. *Code of Virginia* § 22.1-271.2, C (i).

CONDITIONAL ENROLLMENT: As specified in the *Code of Virginia* § 22.1-271.2, B, I certify that this child has received at least one dose of each of the vaccines required by the State Board of Health for attending school and that this child has a plan for the completion of his/her requirements within the next 90 calendar days. Next immunization due on ______________.

Signature of Medical Provider or Health Department Official: ______________________________ **Date (*Mo., Day, Yr.*):** |___|___|___|

Section III
Requirements

For Minimum Immunization Requirements for Entry into School and Day Care, consult the Division of Immunization web site at <u>http://www.vdh.virginia.gov/epidemiology/immunization</u>

Children shall be immunized in accordance with the Immunization Schedule developed and published by the Centers for Disease Control (CDC), Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics (AAP), and the American Academy of Family Physicians (AAFP), otherwise known as ACIP recommendations (Ref. *Code of Virginia* § 32.1-46(a)).
(requirements are subject to change.)

Part III – COMPREHENSIVE PHYSICAL EXAMINATION REPORT

A qualified licensed physician, nurse practitioner, or physician assistant must complete Part III. The exam must be done no longer than one year before entry into kindergarten or elementary school (Ref. Code of Virginia § 22.1-270). Instructions for completing this form can be found at www.vahealth.org/schoolhealth

Student's Name: ______ Date of Birth: __/__/__ Sex: ☐ M ☐ F

Health Assessment

Date of Assessment: ____/____/______

Weight: ________lbs. Height: _______ ft. ______ in.

Body Mass Index (BMI): ___________ BP__________

☐ Age / gender appropriate history completed

☐ Anticipatory guidance provided

TB Risk Assessment: ☐ No Risk ☐ Positive/Referred

Mantoux results: ______ mm

Physical Examination

1 = Within normal 2 = Abnormal finding 3 = Referred for evaluation or treatment

	1	2	3		1	2	3		1	2	3
HEENT	☐	☐	☐	Neurological	☐	☐	☐	Skin	☐	☐	☐
Lungs	☐	☐	☐	Abdomen	☐	☐	☐	Genital	☐	☐	☐
Heart	☐	☐	☐	Extremities	☐	☐	☐	Urinary	☐	☐	☐

EPSDT Screens Required for Head Start – include specific results and date:

Blood Lead: ______ Hct/Hgb ______

Developmental Screen

Assessed for:	*Assessment Method:*	*Within normal*	*Concern identified:*	*Referred for Evaluation*
Emotional/Social				
Problem Solving				
Language/Communication				
Fine Motor Skills				
Gross Motor Skills				

Hearing Screen

☐ Screened at 20dB: Indicate Pass (P) or Refer (R) in each box.

	1000	2000	4000
R			
L			

☐ Screened by OAE (Otoacoustic Emissions): ☐ Pass ☐ Refer

☐ Referred to Audiologist/ENT ☐ Unable to test – needs rescreen

☐ Permanent Hearing Loss Previously identified: ___Left ___Right

☐ Hearing aid or other assistive device

Vision Screen

☐ With Corrective Lenses (check if yes)

Stereopsis	☐ Pass	☐ Fail		☐ Not tested
Distance	Both	R	L	Test used:
	20/	20/	20/	

☐ Pass ☐ Referred to eye doctor ☐ Unable to test – needs rescreen

Dental Screen

☐ Problem Identified: Referred for treatment

☐ No Problem: Referred for prevention

☐ No Referral: Already receiving dental care

Recommendations to (Pre) School, Child Care, or Early Intervention Personnel

Summary of Findings (check one):

☐ **Well child; no conditions identified of concern to school program activities**

☐ **Conditions identified that are important to schooling or physical activity (complete sections below and/or explain here):** ______

___ Allergy ☐ food: ________ ☐ insect: ________ ☐ medicine: ________ ☐ other: ________

Type of allergic reaction: ☐ anaphylaxis ☐ local reaction Response required: ☐ none ☐ epi pen ☐ other: ________

___ **Individualized Health Care Plan needed** (e.g., asthma, diabetes, seizure disorder, severe allergy, etc)

___ Restricted Activity Specify: ________

___ **Developmental Evaluation** ☐ Has IEP ☐ Further evaluation needed for: ________

___ **Medication.** Child takes medicine for specific health condition(s). ☐ Medication must be given and/or available at school.

___ Special Diet Specify: ________

___ Special Needs Specify: ________

Other Comments: ________

Health Care Professional's Certification (Write legibly or stamp):

Name: ________ Signature: ________ Date: ___/___/___

Practice/Clinic Name: ________ Address: ________

Phone: ____-____-________ Fax: ____-____-________ Email: ________

PERMISSION FOR MEDICAL TREATMENT

Student's Full Legal Name: ______________________________

Date of Birth: ______________ Age: ______ Gender: _______

Home Address: __________________________ Zip Code: ______

Father's Name: _____________________ Employer: __________

Cell Phone: ________ Home Phone: ________ Work Phone: ______

Mother's Name: _____________________ Employer: __________

Cell Phone: ________ Home Phone: ________ Work Phone: ______

Student's Current Medications: ___________________________

Significant Medical Issues: ______________________________

AUTHORIZATION AND CONSENT OF PARENT(S) OR LEGAL GUARDIAN(S)

I, the undersigned, do hereby affirm and represent that I am the parent or legal guardian of the aforementioned student.

On behalf of the student mentioned above, I hereby consent and authorize Auburn Baptist Christian Academy to provide reasonable and necessary medical treatment in the event that we cannot be reached.

This authorization and consent shall remain in effect until it is otherwise withdrawn by the parent or legal guardian.

Parent/Guardian Printed Name: ___________________________

Parent/Guardian Signature: ____________________ Date: ______

Image Consent Form

As part of Auburn Baptist Christian Academy's promotion of school activities or recognition of student achievement, staff members or the news media may photograph or video individual students or groups of students, while they are engaged in school activities not normally open to public. Your child's photographic image may thereafter appear in academy publications, newspapers or newscasts.

By signing below, I acknowledge that I have read this form and understand that my child's image may be used or seen on Auburn Baptist Christian Academy related materials, pictures or videos. I also understand that my child's image may also appear on publications outside of school but related/referring to Auburn Baptist Christian Academy and approved by the Academy.

Student's Name: ______________________________

Parent / Guardian Printed Name: ______________________________

Parent / Guardian Signature: ______________________________

Date: ____________________

Auburn Baptist Christian Academy

3840 Riner Rd (PO Box 917)

Riner, VA 24149

540-382-8824

Student Transfer Notification and Transcripts Request

Student Name: ____ Grade Level: ______

Previous School Name: ____

Previous School Address: ____

Previous School Telephone: _______________________

Please submit all applicable documents for this student including the items listed below:

___ Grades/previous and current

___ Standardized Test Scores

___ Health & Immunization Records

___ Birth Certificate

___ Special Service Record

___ Attendance Records

___ Discipline Records

___ Additional Pertinent Data

I, ____, provide permission for
Print Parent/Guardian Name

__________________________________ to send all requested information to Auburn
Previous School Name

Baptist Christian Academy. I also provide permission for a representative of ABCA to contact any previous school my child has attended to ask any questions about my child or any of the requested documents.

Parent/Guardian Signature: ________________________________ Date: ______________

Transcripts should be mailed to the above PO Box or emailed to mking@auburnbaptist.com. The requested information will be used to determine enrollment at ABCA. If the student is accepted, the previous school will be notified.