



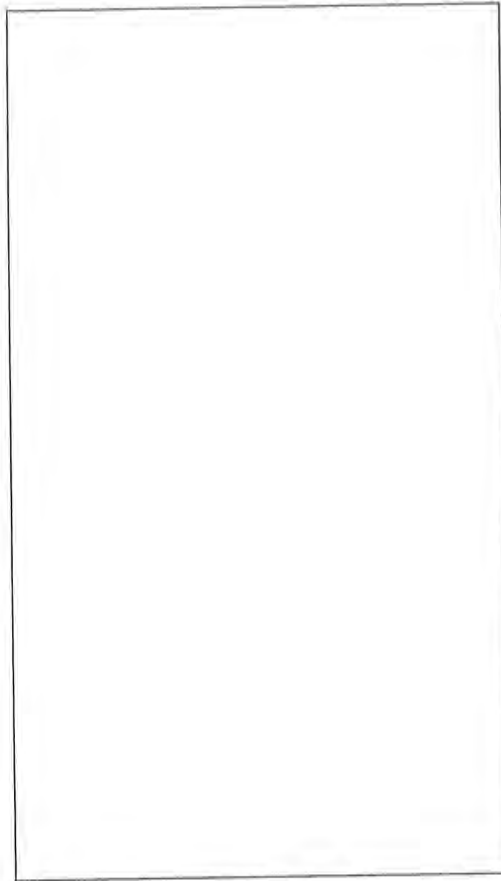
HAMMOND BAPTIST HIGH SCHOOL

APPLICATION PACKET

John Wilkerson - Pastor/Superintendent
James Woosley - Assistant Superintendent/Principal
Justin Moffitt - Assistant Principal

134 WEST JOLIET STREET | SCHERERVILLE, INDIANA 46375 | 219-322-5400 | HBAPTIST.COM

Student Application



Attach a recent photograph; passport-type picture; or good snapshot of applicant, head and shoulders, in box to the right.

Today's Date: _____

First Name	Middle Name	Last Name
------------	-------------	-----------

Address: _____

City: _____ State: _____ Zip: _____

Country (Foreign Exchange Only): _____

Phone #: (____) _____ Date of Birth: _____

Age: _____ I am making application for the _____ grade.

Checklist of Procedures for Application

Please send the following to Hammond Baptist Schools office:

1. One hundred dollar registration fee (nonrefundable)
2. Complete application form supplied in the folder. The prospective student must complete the student testimony in his own handwriting.
3. Complete medical forms, included in the folder, before starting school.

Have these sent directly to Hammond Baptist Schools from former school:

1. TRANSCRIPTS OF GRADES AND STANDARDIZED TEST SCORES. The copy of the transcript request form is supplied in the folder. This should be given directly to the last school of attendance with instruction to forward transcripts complete with standardized scores to Hammond Baptist Schools.
2. LETTER OF RECOMMENDATION. This letter of recommendation is included in the folder. We would like the letter from the school principal or counselor. This letter must be mailed directly to Hammond Baptist Schools.

Form Checklist:

_____ Application Form

_____ Church Attendance Form

_____ Educational History Form

_____ Emergency Treatment Form

_____ Health Record Form (Completed by a Physician)

_____ Transcript Request Form (Sent directly from school)

_____ Recommendation Letter from principal or counselor (Sent directly to the school office)

Please Note:

Your file will not be considered by the admissions committee until all the above information excluding transcript, has been received. Admissions granted without transcripts are conditional until receipt of satisfactory transcripts.

Church Attendance

Name of the Church that you attend: _____

If you attend the First Baptist Church of Hammond:

Which service do you attend? English Spanish

If you attend First Baptist Church of Hammond you do not need to fill out the following.

Address of Church: _____

Phone Number of Church: () _____

Pastor's Name: _____

Youth Pastor's Name: _____

Email address of church (if applicable):

_____ @ _____

EDUCATIONAL HISTORY OF PROSPECTIVE STUDENT

Schools attended in the last three years.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Dates attended: From: _____ To: _____

Reasons for leaving: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Dates attended: From: _____ To: _____

Reasons for leaving: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Dates attended: From: _____ To: _____

Reasons for leaving: _____

TO BE COMPLETED BY PARENTS:

Describe in your own words the academic abilities of your child. Please include any educational strengths or weaknesses.

MISCELLANEOUS INFORMATION ABOUT APPLICANT

Has the applicant ever been suspended or expelled from school? (circle one) YES NO If so, describe the circumstances.

Has the applicant ever been involved with the police? (circle one) YES NO If so, describe the circumstances.

APPLICANT'S SALVATION TESTIMONY

FATHER'S INFORMATION

First Name Middle Name Last Name
Address: _____
City: _____ State: _____ Zip: _____
Phone #: (____) _____ Date of Birth: _____
Father's Occupation: _____
Position or title: _____
Company name: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone #: (____) _____ // (____) _____
Father's education: Highest grade completed: _____
Type of college degree: _____ College attended: _____

MOTHER'S INFORMATION

First Name Middle Name Last Name
Address: _____
City: _____ State: _____ Zip: _____
Phone #: (____) _____ Date of Birth: _____
Mother's Occupation: _____
Position or title: _____
Company name: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone #: (____) _____ // (____) _____
Mother's education: Highest grade completed: _____
Type of college degree: _____ College attended: _____

Hammond Baptist Schools

A Ministry of the First Baptist Church of Hammond, Indiana

134 W. Joliet St., Schererville, IN 46375

EMERGENCY TREATMENT PERMIT

I / We (name) _____ and (name) _____
of (city) _____, (state) _____, (county) _____, do hereby state that I am / we are
the parent(s) or legal guardian(s) of (child's name) _____, a minor, age _____,
born on (date) ____/____/____, who resides with me / us at:
(address) _____
Street City State Zip Code

I / We authorize a member of Hammond Baptist Schools' staff / faculty in the city of Schererville, Indiana, in Lake County, to consent to any necessary examination, anesthetic, medical diagnosis, surgery or treatment, and / or hospital care to be rendered to the above named minor under the general or special supervision and on the advice of any physician or surgeon licensed to practice medicine in the United States of America.

I / We hereby hold harmless Hammond Baptist Schools and its employees and the First Baptist Church of Hammond and its employees from any liability or other responsibility arising from said actions. I / We understand that I / we as parent(s) / legal guardian(s), together with my / our insurance carrier, are responsible by operation of law. I / We understand that the emergency center will attempt to contact the parent(s) / legal guardian(s) as soon as possible.

_____/_____/_____
Signature of Parent / Legal Guardian Date

_____/_____/_____
Signature of Parent / Legal Guardian Date

In case of emergency, parent(s) / legal guardian(s) can be reached as follows:

Home Phone Number (____) _____ Mother's cell phone (____) _____ Father's cell phone (____) _____

Mother's business _____ Phone (____) _____

Father's business _____ Phone (____) _____

Name of family doctor _____ Phone (____) _____

Name of insurance company _____ Policy / Group # _____

List two nearby relatives or neighbors who will assume temporary care of your child if you cannot be reached:

Name _____ Relationship _____ Phone (____) _____

Name _____ Relationship _____ Phone (____) _____

Medical History

Allergies and corresponding medications _____

Tetanus (date of last booster) ____/____/____

Chronic or existing diseases or medical problems (diabetes, epilepsy, asthma, etc.) _____

Medications your child is now taking _____

Can and may your child have the following:

Antacid tablets (Tums): Yes ___ No ___ Regular aspirin: Yes ___ No ___ Acetaminophen (Tylenol): Yes ___ No ___

Note: All other medication that the student may need during school hours must be brought to the school nurse or the school office with doctor's instructions (prescription) or parents' / guardians' instructions (non-prescription). The student may not self-administer the doses. Only the nurse or authorized personnel may supervise this.

Activity Permission

I / We the parent(s) / legal guardian(s) of _____, who is enrolled in Hammond Baptist Schools, hereby give my / our permission to the authorities of the Hammond Baptist Schools system, to take said student on field trips, athletic trips, or any other supervised school activity.

_____/_____/_____
Signature of Parent / Legal Guardian Date

_____/_____/_____
Signature of Parent / Legal Guardian Date

Note: This permission form expires one year from date signed.

Hammond Baptist Schools – Health Record

A Ministry of the First Baptist Church of Hammond, Indiana
134 West Joliet Street, Schererville, Indiana 46375

Name _____ Date of Birth ____/____/____ Grade _____
 Address _____ Male ___ Female ___ Age _____
 Street _____ City _____ State _____ Zip _____
 Father's name _____ Work phone (____) _____
 Mother's name _____ Work phone (____) _____
 Home phone (____) _____ Cell phone (____) _____
 Physician _____ Phone (____) _____

IMMUNIZATIONS: The immunizations below are required by law and are free at your local Health Department					
	Month – Day – Year	Month – Day – Year	Month – Day – Year	Month – Day – Year	Month – Day – Year
DTap/DTP/DT/Td (5 for SK thru grade 12)					
Tdap Booster (1 after 10 years of age, grade 6-12)					
Polio (4 for all grades)					
MMR (2 measles, 2 mumps, 1 rubella for all grades)					
Hepatitis B (3 for all grades)					
Varicella (2 for all grades, or history of disease)					
History of Chicken Pox Disease Had disease: Month: _____ Year: _____	Physician's signature: _____		Parent's signature: _____		
Meningococcal (MCV4/Menactra) (1 for grade 6-12)					
Hepatitis A (Will probably be required in the future)					
Other					

HISTORY											
Have you <u>EVER</u> had:	Yes	No	Have you <u>EVER</u> had:	Yes	No	Do you <u>NOW</u> have:	Yes	No	Do you <u>NOW</u> have:	Yes	No
Fainting			Kidney Disease			Blurred Vision			Nosebleeds		
Diphtheria			Tuberculosis			Recurring Headaches			Frequent Sore Throat		
Scarlet Fever			Jaundice			Fainting			Stomach Pains		
Rheumatism			Chicken Pox			Convulsions			Recurring Skin Conditions		
Rupture / Hernia			Rubella (German Measles)			Blackouts			Asthma		
Rheumatic Fever			Measles (Rubeola)			Painful Joints			Frequent Diarrhea		
Poliomyelitis			Mumps			Backaches			Frequent Constipation		
Pneumonia			Convulsions			Pounding of Heart			Orthopedic Problems		
Asthma			Allergy (specify)			Shortness of Breath			Allergy (specify)		
Diabetes			Drug / Alcohol / Tobacco Usage			Frequency of Urination			Drug / Alcohol / Tobacco Usage		
Heart Disease			Other (specify)			Cough			Other (specify)		

Operations (specify) _____
 Serious Accidents _____

FAMILY HISTORY: Give state of health or cause of death for:
 Mother _____ Father _____ Sisters _____ Brothers _____
 Sickness in the home (describe) _____

HAMMOND BAPTIST SCHOOLS

A ministry of the First Baptist Church of Hammond, Indiana

134 West Joliet Street
Schererville, Indiana 46375

REQUEST FOR IMMUNIZATION EXEMPTION

TO WHOM IT MAY CONCERN:

We, the undersigned, as the parent or guardian of the named child, object to him / her receiving the immunizations as required by IC 20-8.1-7-2 as amended by the 1993 Indiana General Assembly. This objection is based on religious grounds. I understand that any medical objection must be accompanied by a note from a physician. The following are the specific immunizations from which I want my child exempt:

Check the immunization(s) from which you want your child exempt.

DPT / DT / Td

Polio

MMR (Measles, Mumps, Rubella)

Hepatitis B

Tdap Booster

Varicella

Meningococcal

Hepatitis A

Signature of Parent or Guardian

Date

Student's Name

Note: Exemptions must be renewed each year.

School Record Request

_____, birthday: _____, is currently enrolled in the Hammond Baptist Schools in grade _____. Please send a copy of his transcript and other pertinent school records pertaining to this student to the following address:

Hammond Baptist Schools
134 West Joliet Street
Schererville, IN 46375

I hereby grant my permission for all confidential, medical, psychological, academic, and health information relative to _____ to be released to the Hammond Baptist Schools.

Parent's Signature: _____ Date: _____

Principal's Recommendation Letter

Name of Applicant: _____

TO THE PRINCIPAL OR COUNSELOR:

The above-named student has applied for admission to Hammond Baptist Schools. Please complete this form and return it to us with a transcript of courses, grades, and all standardized test results; an explanation of your course names and your grading system will be helpful.

The authorization for transfer of school records is attached.

We would appreciate your observations in the areas listed below:

1. Leadership

- _____ Positive influence
- _____ Usually a follower
- _____ Negative influence

2. Cooperation

- _____ Usually cooperative
- _____ Cooperates only when it is in own interest
- _____ Decidedly uncooperative

3. Dependability

- _____ Generally dependable
- _____ Fulfills obligations
- _____ Undependable

4. Emotional Stability

- _____ Well-balanced and good disposition
- _____ Somewhat unstable, but no great problem
- _____ Decidedly unstable

5. Relation of achievement to ability

- _____ Over-achiever
- _____ Achievement consistent with ability
- _____ Immature, unreliable, often in trouble

6. General citizenship

- _____ A very good citizen
- _____ Adequate, but not outstanding – makes excuses
- _____ Immature, unreliable, often in trouble

7. Is the applicant eligible to re-enter your school next term?

- _____ Yes _____ No

8. Has the applicant been involved in acts of dishonesty?

_____ Yes _____ No

9. Has the applicant been involved in the use of alcohol?

_____ Yes _____ No

10. Has the applicant participated in or stimulated disorderly, disruptive, or unmannerly conduct?

_____ Yes _____ No

11. Has the applicant exhibited unsatisfactory adjustment to other students?

_____ Yes _____ No

12. Has the applicant had health problems?

_____ Yes _____ No

13. Has the applicant been disciplined by administrative officers or by a student judiciary?

_____ Yes _____ No

14. Please explain any "yes" answers or make any comments which would be helpful to our admissions committee.

I recommend this applicant:

a: For academic

_____ Enthusiastically

_____ Without Enthusiasm

_____ Strongly

_____ Fairly strongly

_____ Not recommended

b: For character and personal promise

_____ Enthusiastically

_____ Without Enthusiasm

_____ Strongly

_____ Fairly strongly

_____ Not recommended

Signature: _____ Date: _____

Title: _____ School: _____

School Address: _____

Telephone Number: _____