

BAILEY'S GROVE BAPTIST SCHOOL

"Excellence in Education; Distinctively Baptist"



STUDENT APPLICATION

Please print legibly and complete entire form to the best of your knowledge.

STUDENT INFORMATION

Name: _____ Today's Date: ____/____/____
Last First Middle MM/DD/YYYY

Address: _____
Street City State ZIP

Phone 1: (____) ____-____ Phone 2: (____) ____-____ Birth Date ____/____/____
Home Cell MM/DD/YYYY

Email: _____ Age: _____ Gender: _____

Last School Attended: _____

School Address: _____
Street City State ZIP

What grade will student be entering in the new school year? _____

FAMILY INFORMATION

Father's Name: _____ Today's Date: ____/____/____
Last First MM/DD/YYYY

Employer: _____ Position: _____

Phone 1: (____) ____-____ Phone 2: (____) ____-____ Phone 3: (____) ____-____
Home Cell Work

Email: _____ Skype: _____

Mother's Name: _____ Today's Date: ____/____/____
Last First MM/DD/YYYY

Employer: _____ Position: _____

Phone 1: (____) ____-____ Phone 2: (____) ____-____ Phone 3: (____) ____-____
Home Cell Work

Email: _____ Skype: _____

Administrator:
Sean Cook

624 Pleasant Cross Rd.
Asheboro, NC 27203

(336) 626-5050
www.bgbschool.com

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CHURCH INFORMATION

Church Attending*: _____

Church Address: _____

Street City State ZIP

Pastor's Name: _____ Phone: (____) ____ - _____

*Note: All applicants must be approved by our pastor. If your student is not a member of Bailey's Grove Baptist Church, you will need to have a "Pastor's Reference Form" filled out by your pastor.

GENERAL INFORMATION

How did you hear about this school? _____

What is your reason for selecting this school? _____

Does your student desire to be in Christian school? _____

PARENT'S SIGNATURE

Parent Signature

____/____/____
Date

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