

# HAMMOND BAPTIST JUNIOR HIGH SCHOOL

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134 WEST JOLIET STREET ~ SCHERERVILLE, IN 46375 ~ 219-322-5400

## Application Packet



WARRIORS  
WARRIORS

# FIRST BAPTIST CHURCH OF HAMMOND, IN

## HAMMOND BAPTIST SPECIAL EDUCATION CLASS

134 West Joliet Street, Schererville, IN 46375

Phone: 219-322-5400



### STUDENT APPLICATION

(Please fill in each blank with a response or use "same as above" or "n/a")

#### General Information

\_\_\_\_\_  
First Name Middle Name Last Name

\_\_\_\_\_  
Street Address Apt. # or PO # City State Zip Code

\_\_\_\_\_  
Date of Birth Age Date of Application

#### Church Information

\_\_\_\_\_  
Name of church City State Zip Code

\_\_\_\_\_  
Church Phone Name of Sunday School Class

#### Contact Information

\_\_\_\_\_  
Home Phone Father's Work Phone Father's Cell Phone

\_\_\_\_\_  
Mother's Work Phone Mother's Cell Phone

Name: \_\_\_\_\_ ( ) \_\_\_\_\_

Emergency Contact Contact Phone

#### Parents' Information

\_\_\_\_\_  
Father's First Name Middle Initial Last Name

\_\_\_\_\_  
Street Address Apt. # or PO # City State Zip Code

\_\_\_\_\_  
Mother's First Name Middle Initial Last Name

\_\_\_\_\_  
Street Address Apt. # or PO # City State Zip Code

## Educational History

Schools attended in the last three years.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Dates attended: From: \_\_\_\_\_ To: \_\_\_\_\_

Reasons for leaving: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Dates attended: From: \_\_\_\_\_ To: \_\_\_\_\_

Reasons for leaving: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Dates attended: From: \_\_\_\_\_ To: \_\_\_\_\_

Reasons for leaving: \_\_\_\_\_

## Abilities/Disabilities

Please give the diagnosis of your child's condition below:

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Please list your child's physical or mental conditions:

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Has your child had his hearing checked recently? Yes / No

If yes, please give the date: \_\_\_\_\_

Has your child had his vision checked recently? Yes / No

If yes, please give the date: \_\_\_\_\_

## Likes and Dislikes

Please list any particular likes and dislikes that your child may have.

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## Strengths and Weaknesses

Please list any particular strengths and weaknesses that your child may have.

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## Behavior

Please list any particular behavioral problems that the teachers may encounter with your child. If you have successfully dealt with these problems, please share that information (including your technique) as well.

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## Medications

Please list any medications that your child takes on a consistent basis. Also, please put down how frequently your child must take each medication.

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## Therapy

Please list any physical, occupational, or speech therapy that your child receives. Please explain in detail why your child is receiving therapy.

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## Additional Information

To the best of your knowledge, has your child accepted Christ as his personal Saviour? Please put down a brief description of your child's testimony as well as the date he/she accepted Christ.

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Please tell us if you feel there is any additional information that may help the personnel of Hammond Baptist Schools be a greater help to your child.

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Please tell us why you have chosen to enroll your child in the Hammond Baptist Special Education Class.

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