APPLICATION FORM
TO
HAMMOND BAPTIST SCHOOLS
134 WEST JOLIET STREET
SCHERERVILLE, INDIANA 46375

The following information is needed for the school records and is being asked for in this way in order to insure accuracy. By drawing a line through the space or writing "none" in spaces not related to you, we know you have not omitted anything.

Date:_____ Applying for:_____ grade

Student's Name_____, _____ _____
Last First Middle

Boy_____ Girl_____ Date of Birth_____ Age_____

_____
Street Address

_____
City State Zip Phone

Father's Name_____ Mother's Name_____

If parents are separated or divorced, with whom does the student live?_____

Guardian or Stepparent's name_____

Father's Employer_____ Phone_____

Mother's Employer_____ Phone_____

_____
Name and phone number of adult to contact if parents cannot be reached

Is the head of household enrolled in Hyles-Anderson College? Yes_____ No_____

Name of school last attended_____

_____
Street Address

_____
City State Zip Phone

Please attach a copy of latest report card to this application.

We require that all bills be paid in full at the previous school, or satisfactory arrangements be made for payment before a student will be accepted for enrollment. While we are in the process of contacting the previous school, students will be accepted on a temporary basis, upon assurance from the parents that the previous bills have been paid.

To the best of your knowledge, have all the tuition and fees from the previous school been paid? Yes_____ No_____

Name of church that family attends_____

_____
Street Address

_____
City State Zip Phone

Pastor's Name_____

Is student a member of the church? _____

Does student attend church faithfully? _____ Is student saved?_____

PARENTS' PLEDGE OF ACCEPTANCE

We, as parents who are accepting the challenge to "train up a child in the way he should go," do state that this training will be carried on in the home. We shall place our trust in the Christian school to extend that training more completely.

We pledge that our child will bring to the school a heritage of CHRISTIAN CULTURE. We promise that the home will provide a secure haven of safety, free from the influences that we recognize as harmful.

We do hereby state that we have considered the curriculum, statement of faith, texts, equipment, methods, testing, counseling, discipline, and motives of the school, and do pledge to make them our glad-hearted choice for the coming school year.

We pledge that, if for any reason, our child does not respond favorably to the school, we will not try to change the school to fit his needs but will withdraw him quietly and without delay. (Six weeks are adequate for most students. The one who has not adjusted by the end of twelve weeks should be withdrawn.)

We pledge our loyal support to the school through praying for its program and by paying the tuition payments regularly and on time.

We hereby invest authority in the school to discipline our child as necessary. We further agree that we will cooperate and discipline our child in the home as needed (Prov. 13:24; 19:18; 22:6, 23:13-14; 29:15, 17; Col. 3:20; Heb. 12:6).

We understand that assessments will be made to cover damage to school property (including breakage of windows, abuse of books, etc.).

We agree to pay the tuition according to arrangements that shall be made to conclude all required payments on or before the last day of school. We understand that tuition for one year must be paid before the pupil may continue the next year, and that report cards will be withheld at the end of the school year if required payments are not made in full.

We, as parents of the student applicant, do sincerely give our pledge to all items as stated above.

Father's Signature_____

Mother's Signature_____

.....

STUDENT'S PLEDGE

Knowing that Jesus can see the truth of my intention, I promise to do the following:

FIRST --- I will protect my mind, body, and morals from evil companions by not making them my intimate associates.

SECOND -- I will select wisely and very conscientiously the TV programs that I watch and turn from those programs that have vulgar jokes, fighting, immoral sex scenes, and activity that Christ would not approve.

THIRD --- I will refuse to listen to music that creates a reckless spirit, or to words set to music that suggest turning against authority; living to enjoy SELF, the GANG, and WILD LOVE; living for the thrill of the present without thinking of the consequences.

FOURTH -- I will seek faithfully to witness as a Christian by looking, acting, and talking like a true Christian.

Signature of Pupil_____

If child is too young to sign, Mother or Father should sign for him.

FIELD TRIP PERMISSION FORM

We, as parents or guardians of the student listed below, hereby give our permission for our child to go on supervised field trips.

_____	_____
Student's Name	Father's Signature
_____	_____
Date	Mother's Signature

Hammond Baptist Schools

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

HEALTH RECORD

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

IMMUNIZATIONS: The immunizations below are required by law.					
	Month - Day - Year	Month - Day - Year	Month - Day - Year	Month - Day - Year	Month - Day - Year
DTap/DTP/DT/Td (4 for JK, 5 for SK through grade 12)					
Tdap Booster (1 after 10 years of age, grade 6-12)					
Polio (3 for JK, 4 for SK through grade 12)					
MMR (1 for JK, 2 for SK through grade 12)					
Hepatitis B (3 for JK through grade 12)					
Varicella (1 for JK, 2 for SK through grade 12, 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 6-10, 2 for grade 11 and 12)					
Hepatitis A (2 for SK)					
Other					

HISTORY

Have you *EVER* had:	Yes	No	Have you *EVER* had:	Yes	No	Do you *NOW* have:	Yes	No	Do you *NOW* 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) _____

MEDICAL INFORMATION

(Completed by physician)

PHYSICAL EXAMINATION

Name _____ Grade _____ Age _____ Sex _____ Height _____ Weight _____

B/P _____/_____ Temperature _____ Pulse _____ Respirations _____

Skin _____ Any recurring problems? _____

Head

Hair and scalp _____

Eye abnormalities _____ Vision _____ Left _____ Right _____

Ear abnormalities _____ Hearing _____ Left _____ Right _____

Nose and Throat

Palpable nodes _____

Tonsils _____

Chest

Lungs _____

Heart _____

Abdomen: Hernia *(inguinal; femoral; umbilical; other)* _____

Extremities _____

Orthopedic Defects _____

****

( ) I recommend a ***regular*** program of activity, which includes the following:

Boys - Basketball, soccer, track, wrestling, volleyball, gym hockey, football, dodgeball, rugby, baseball, etc.

Girls - Tumbling, basketball, volleyball, gymnastics, soccer, track, badminton, dodgeball, rugby, softball, etc.

( ) I recommend a ***modified*** program of physical activity. (Specify degree and reason below)

Restricted physical education includes less strenuous activities such as: ping pong, walking, throwing, officiating and score-keeping.

Comments and recommendations _____

***Recommendations for modified activity are effective for the current school year only.**

****

Any other information not covered above _____

Other comments _____

Date _____ **Signature** _____

Address _____

City, State, & Zip _____ Phone (_____)_____

2015 – 2016 School Year
IN State Department of Health
School Immunization Requirements
Updated November 2014

3 to 5 years old	3 Hep B (Hepatitis B) 4 DTaP (Diphtheria, Tetanus & Pertussis) 3 Polio (Inactivated Polio) 1 MMR (Measles, Mumps, Rubella) 1 Varicella	
K & Grade 1	3 Hep B 5 DTaP 4 Polio 2 MMR	2 Varicella 2 Hep A (Hepatitis A)
Grades 2 to 5	3 Hep B 5 DTaP 4 Polio 2 MMR	2 Varicella
Grades 6 to 11	3 Hep B 5 DTaP 4 Polio 2 MMR	2 Varicella 1 Tdap (Tetanus & Pertussis) 1 MCV4 (Meningococcal conjugate)
Grade 12	3 Hep B 5 DTaP 4 Polio 2 MMR	2 Varicella 1 Tdap 2 MCV4

Hep B The minimum age for the 3rd dose of Hepatitis B is 24 weeks of age.

DTaP Four doses of DTaP/DTP/DT are acceptable if 4th dose was administered on or after child's 4th birthday.

Polio Three doses of Polio are acceptable for all grade levels if the third dose was given on or after the 4th birthday and at least 6 months after the previous dose with only one type of vaccine used (all OPV or all IPV). For students in grades kindergarten through 5th grade the final dose must be administered on or after the 4th birthday, and be administered **at least 6 months** after the previous dose.

Live Vaccines (MMR, Varicella & LAIV) Live vaccines that are not administered on the same day must be administered a minimum of 28 days apart. The second dose should be repeated if the doses are separated by less than 28 days.

Varicella Physician documentation of disease history, including month and year, is proof of immunity for children entering preschool through 7th grade. Parental report of disease history is acceptable for grades 8-12.

Tdap There is no minimum interval from the last Td dose.

MCV4 Individuals who receive dose 1 on or after their 16th birthday only need 1 dose of MCV4.

Hep A The minimum interval between 1st and 2nd dose of Hepatitis A is 6 calendar months

For children who have delayed immunizations, please refer to the 2015 CDC "Catch-up Immunization Schedule" to determine adequately immunizing doses. All minimum intervals and ages for each vaccination as specified per 2015 CDC guidelines must be met for a dose to be valid. A copy of these guidelines can be found at http://www.cdc.gov/vaccines/schedules/

HAMMOND BAPTIST SCHOOLS
Tuition Structure
2015-2016

Annual Tuition by School

Student	High School	Junior High	Grade School
First	$ 3,550	$ 3,350	$ 3,275
Second	$ 2,300	$ 2,275	$ 2,250
Third	$ 2,050	$ 2,025	$ 2,000
Fourth	$ 1,800	$ 1,775	$ 1,750
Fifth +	$ 800	$ 775	$ 750

*** The oldest child is the first student.*

Example 1 - Family of three students, one in each school

No. of Children	*9-Month Payment*	*10-Month Payment*	*12-Month Payment*	*Semester Payment*	*Annual Payment*
1	$ 394	$ 355	$ 296	$ 1,775	$ 3,550
2	$ 253	$ 228	$ 190	$ 1,138	$ 2,275
3	$ 222	$ 200	$ 167	$ 1,000	$ 2,000
Total Payment	**$ 869**	**$ 783**	**$ 652**	**$ 3,913**	**$ 7,825**

Example 2 - Family of three students, one in junior high and two in grade school

No. of Children	*9-Month Payment*	*10-Month Payment*	*12-Month Payment*	*Semester Payment*	*Annual Payment*
1	$ 372	$ 335	$ 279	$ 1,675	$ 3,350
2	$ 250	$ 225	$ 188	$ 1,125	$ 2,250
3	$ 222	$ 200	$ 167	$ 1,000	$ 2,000
Total Payment	**$ 844**	**$ 760**	**$ 633**	**$ 3,800**	**$ 7,600**

Payment-Plan Schedule - Due on the Tenth of the Month

Due Date	Late Fee	Withdrawn From Class
Friday, July 10, 2015 *	Monday, July 13, 2015	
Monday, August 10, 2015	Tuesday, August 11, 2015	Monday, August 31, 2015
Thursday, September 10, 2015	Friday, September 11, 2015	Wednesday, September 16, 2015
Friday, October 09, 2015	Monday, October 12, 2015	Thursday, October 15, 2015
Tuesday, November 10, 2015	Wednesday, November 11, 2015	Monday, November 16, 2015
Thursday, December 10, 2015	Friday, December 11, 2015	Wednesday, December 16, 2015
Friday, January 08, 2016 **	Monday, January 11, 2016	Thursday, January 14, 2016
Wednesday, February 10, 2016	Thursday, February 11, 2016	Tuesday, February 16, 2016
Monday, March 14, 2016	Tuesday, March 15, 2016	Friday, March 18, 2016
Friday, April 08, 2016	Monday, April 11, 2016	Thursday, April 14, 2016
Tuesday, May 10, 2016	Wednesday, May 11, 2016	Monday, May 16, 2016
Friday, June 10, 2016	Monday, June 13, 2016	

* ***Fall Registration and All Outstanding Invoices Are Also Due.***

** ***Spring Registration Is Also Due.***

9-Month Payment Plan	*August 2015 to April 2016*
10-Month Payment Plan	*August 2015 to May 2016*
12-Month Payment Plan	*July 2015 to June 2016*
Semester Payment Plan	*August 2015 & January 2016*
Annual Payment Plan	*August 2015*

<u>You will be on the 10-month payment plan unless you request otherwise.</u>

*All statements will be sent to any e-mail address listed under the person being billed.
If no e-mail address is listed, it will be mailed to the bill to's address.

HAMMOND BAPTIST GRADE SCHOOL
BASIC DRESS CODE

GIRLS

1. The entire hemline of a skirt or dress must touch the ground with the girl in an upright kneeling position. (Lace or sheer material on the bottom of a skirt/dress must fall below the acceptable length of the garment.) Wraparound skirts are not permitted. Girls may also wear culottes made from the Seams Like Heaven pattern or made from Mrs. JoBeth Hooker's pattern. The culottes must be long enough to touch the floor when in an upright, kneeling position. The culottes must exactly follow these patterns.

2. A girl's top may be no lower than two fingerwidths from the top of the breastbone.

3. Only one slit per dress or skirt is allowed, except for the culottes made from Mrs. Hooker's pattern, which may have the two slits called for in the pattern. No slit may be more than four inches above the hemline of the dress or skirt, and no undergarments may be showing through the slit.

4. Girls may not wear dresses, shirts, blouses, T-shirts, sweatshirts, sweaters, etc., with writing appearing principally and/or exclusively across the bust line.

5. Shoes and socks, nylons, or tights must be worn.

6. Clothing may not be tight-fitting or otherwise immodest. No low or plunging necklines (front or back). The blouse's neckline may not be lower in front than the width of two fingers placed together from the top of the breastbone. A blouse or dress cannot be any lower in the back than in the front. No sleeveless blouses or dresses. Sleeves must not be sheer. No "cropped tops". Blouses must be long enough to tuck in and stay modest even when the arms are raised.

7. Culottes for gym and recess must be made from the school-approved culottes pattern (see #1) and touch the floor when in an upright, kneeling position.

8. Girls may wear only one earring in each ear, and the earring must be on the earlobe.

9. Any clothing with a questionable slogan printed on it will not be allowed. Wording that depicts or promotes rock music, Hollywood movies, or other religions are examples of slogans that would not be allowed.

BOYS

1. No long or shaggy hairstyles will be permitted. Hair must be tapered and not touch the collar or the ears. Sideburns must not be below the middle of the ear. Hair must be cut so that it is at least one finger-width above the eyebrows. Spiked or other non-traditional hairstyles are not allowed.

2. All trousers except corduroys must have a crease.

3. No jeans or denim trousers of any color may be worn.

4. Belts must be worn when trousers are made with belt loops.

5. Shoes and socks must be worn at all times.

6. Shirts must have a collar and must be worn tucked in. Please note: turtlenecks are not considered collars.

7. Necklaces, chains, earrings, or feminine-type bracelets are not allowed.

8. Any clothing with a questionable slogan printed on it will not be allowed.

9. Any clothing with a questionable slogan printed on it will not be allowed. Wording that depicts or promotes rock music, Hollywood movies, or other religions are examples of slogans that would not be allowed.