HAMMOND BAPTIST JUNIOR HIGH SCHOOL

134 West Joliet Street ~ Schererville, IN 46375 ~ 219-322-5400

Application Packet

WARRIORS

Checklist of Procedures for Application

Please send the following to Hammond Baptist Schools office:

1. Fifty 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.
4. Call Hammond Baptist Schools office for a testing date for the student.

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

_____ Corporal Punishment Form

_____ Activities Form

_____ Emergency Treatment Form

_____ Health Record Form (Completed by a Physician)

_____ Transcript Request Form (Sent directly from school)

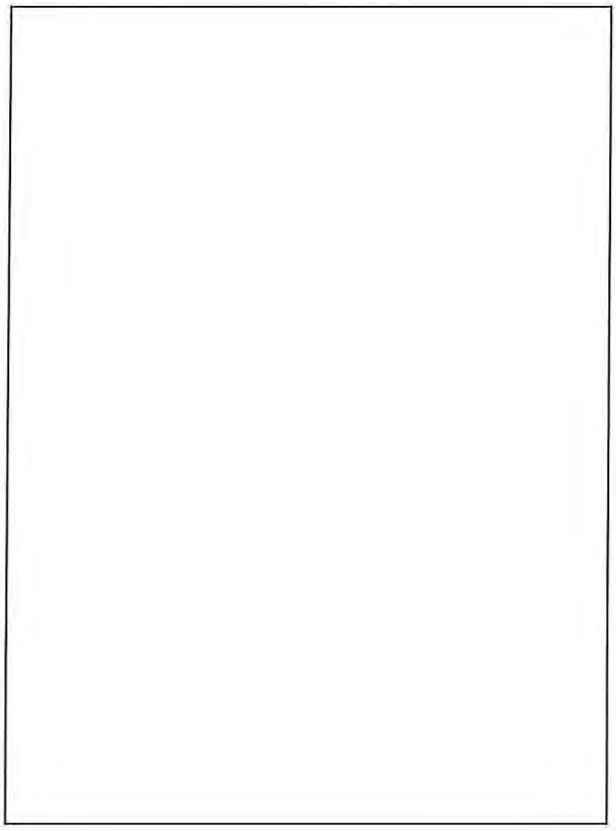
_____ Recommendation Letter from principal or counselor (Sent directly to the school office)

_____ Testing at Hammond Baptist Schools

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.

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:_____

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

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

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

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)

_____@_____

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:

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.

_____

_____

HAMMOND BAPTIST Junior High School

134 West Joliet Street Schererville, IN 46375 (219)-322-5400

STUDENT RECORD RELEASE

Student Name:_____

Birthday:_____

Current Grade Level:_____

The above named student is currently enrolled in Hammond Baptist Junior High School. Please send all school records concerning this student including health files.

SIGNATURE

I am hereby granting permission for the release of the following records to Hammond Baptist Junior High School:

- Transcripts
- Medical Records
- Special Education Files
- Standardized Test Scores
- Any other pertinent information

Name of Parent or Legal Guardian:_____

Parent/Guardian Signature:_____ Date:_____

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.

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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) _____