



ATHENS BIBLE SCHOOL

Admission Procedure

507 Hoffman Street Athens, AL 35611 256-232-3525 Fax: 256-232-5417

"A Better Education on a Better Foundation"

At Athens Bible School (ABS), it is our honor to serve the educational needs of the families in our community. Our admission process begins with a short walking tour of the school's facilities and then a family conference with our President or Assistant Principal. This may be scheduled by calling the ABS office. We ask that you please bring a copy of the student's current report card and a copy of the student's latest standardized test scores.

After the conference the parents should pick up or download the appropriate forms (listed below) to complete and return to the office as soon as possible. There is a registration fee of \$100.00 that must be paid when the application is submitted. This fee is non-refundable unless the student is denied admission by the school.

1. **Application for Admission:** Requests general information about the family and previous schools. On the back of this form, the students are requested to write a letter explaining why he/she wants to attend Athens Bible School. For students in elementary grades first through fifth, parents are requested to write the letter. An application form must be submitted for each student wishing to apply.
2. **Student and Family Information:** This form requests pertinent information about your student and family, as well as names of persons who have permission to pick up your child or children from school. One of these must be filled out **per family**.
3. **Notification Card for Emergency or Illness:** This form must be on file in the nurse's office in case of illness or accident. One of these forms must be filled out **per student**.
4. **Student Medication Form:** You must fill out this form **only** if prescription medication must be administered to your child while he or she is at school. Even if the student self-administers this medication, this form must be filled out.
5. **Volunteer Form:** One of the greatest assets of Athens Bible School is parent volunteers. Your involvement in the school's activities is essential in creating the family atmosphere we are striving for. This form needs to be filled out by any parent who desires to substitute teach, help with fundraisers, be a room mother, etc. For those who volunteer, we only require one form **per family**.
6. **Transcript Release Request:** Authorizes the student's previous school to release information to Athens Bible School.
7. **Tuition Agreement/Payment Plan:** This form contains tuition and fee information and provides payment plan options. One of these forms must be completed **per family** and signed by the parent of the enrolled child or children.

We also ask that students seeking admission to ABS provide a record of good behavior and a desire to learn both academics and the Bible. Although we do not have a special education teacher at this time to provide special education services, we do admit children with a wide range of abilities. ABS does not discriminate against any student because of race, color, sex, handicap, or national origin. A student serving any disciplinary action at another school cannot be admitted to ABS until that action has been completed. A student may be admitted on probation at the discretion of the President.



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Application for Admission

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One application should be completed for each student.

Student Information

First name _____ Middle Name _____ Last Name _____

Grade _____ Date of Birth ____/____/____ Place of Birth _____

Social Security # ____/____/____ Male ___ Female ___ Race _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ - _____ - _____ Student's marital status: ___ Single ___ Married ___ Divorced ___ Separated

Student's Character

With what church does he/she attend, if any? _____ Is he/she a member? ___ Yes ___ No

Does or has the student ever used tobacco, alcohol or illegal drugs? ___ Yes ___ No

Has the student ever been suspended or dismissed from a school? ___ Yes ___ No If yes, please explain below:

Student's Education

Please list the schools that the student has attended:

SCHOOL	CITY/STATE	GRADE LEVEL	YEARS ATTENDED
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please state any physical, mental, or social challenges about the student of which we need to be aware:

Family Information

Are the student's parents: ___ Married ___ Divorced ___ Separated ___ Father Remarried ___ Mother Remarried

Father's Name _____ Occupation _____

Years of Education _____ Highest Degree _____ Employer _____

With what church does he attend, if any? _____ Is he a member? ___ Yes ___ No

Mother's Name _____ Occupation _____

Years of Education _____ Highest Degree _____ Employer _____

With what church does she attend, in any? _____ Is she a member? ___ Yes ___ No

Age of brothers and sisters, if any: Brothers _____ Sisters _____

Names of parents, brothers or sisters who have attended Athens Bible School:



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Student and Family Information

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Parent/Guardian Information

Name(s) _____ Home phone _____ - _____ - _____ Email _____

Address _____ City _____ State _____ Zip _____

Father's full name _____ Social Security # _____ - _____ - _____

Father's work phone _____ - _____ - _____ Cell phone _____ - _____ - _____ Beeper _____

Father's Occupation _____ Place of Employment _____

Mother's full name _____ Social Security # _____ - _____ - _____

Mother's work phone _____ - _____ - _____ Cell phone _____ - _____ - _____ Beeper _____

Mother's Occupation _____ Place of Employment _____

In what public school district does the student currently live (Athens High, Cowart Elementary, Elkmont, etc) _____

Student Information

Full Name: _____ Grade _____ Date of Birth ____/____/____ SS# _____ - _____ - _____
First Middle Last

Full Name: _____ Grade _____ Date of Birth ____/____/____ SS# _____ - _____ - _____
First Middle Last

Full Name: _____ Grade _____ Date of Birth ____/____/____ SS# _____ - _____ - _____
First Middle Last

Full Name: _____ Grade _____ Date of Birth ____/____/____ SS# _____ - _____ - _____
First Middle Last

In the case of emergency, does the school have authority to seek medical treatment for your child? Yes _____ No _____

Name of Doctor/Facility _____ City _____ Phone # _____

Emergency Contacts (In the case that the parents cannot be reached)

Name	Relation to Child	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

If we dismiss early for inclement weather and neither you nor the emergency contacts can be reached, what do you desire your child to do?

Signature Required

If possible, we request that both parents sign this form acknowledging that the information above is accurate.

Father's Signature

Mother's Signature



ATHENS BIBLE SCHOOL

Notification Card for Emergency or Illness

507 Hoffman Street Athens, AL 35611 256-232-3525 Fax: 256-232-5417

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Student's Name: _____
First Middle Last

Grade _____ Date of Birth ____/____/____ SS# _____ - _____ - _____

Parents/Guardians _____ Home phone _____ - _____ - _____ Email _____

Address _____ City _____ State _____ Zip _____

Father's work phone _____ - _____ - _____ Cell phone _____ - _____ - _____

Mother's work phone _____ - _____ - _____ Cell phone _____ - _____ - _____

Emergency Contacts: In the case that parents or legal guardians cannot be reached, permission is granted to the following individuals to pick up my child due to an illness or an emergency.

Name	Relation to Child	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Student Medical Information

Is the student allergic to drugs or anything else? Yes ___ No ___

If yes, please list all allergies: _____

Please mark whether it is permissible to give your child the following medications

Acetaminophen (Tylenol): Yes ___ No ___ **Ibuprofen (Motrin, Advil):** Yes ___ No ___ **Aleve:** Yes ___ No ___
Antacids (Tums): Yes ___ No ___ **Midol:** Yes ___ No ___

We do not give out any Antihistamines, decongestants or other major medications, except those listed above. If your child is in need of any prescription or non-prescription medication, other than the ones listed above, please fill out a Prescription Medication Authorized Form, which can be picked up from the front office, the First Aid room or downloaded. All medications must be placed in a Ziploc bag with the child's name, grade and directions for administration. All medications will be kept in a locked cabinet in the First Aid room.

Please list below any health conditions such as heart disease, diabetes, epilepsy, severe allergies, eye or ear problems, any chronic conditions or any conditions of which the school should be aware.

If any health conditions are listed above, please include a treatment plan for your child on a separate sheet of paper. This will let us know exactly the steps you would like for us to take in the event of an episode.

If there are any changes throughout the school year, it is up to **YOU** to notify the School Nurse/Officials immediately.

If emergency treatment is required, and the parent cannot be reached, may the School Nurse and/or Official use their judgment in calling the doctor(s) indicated below? Yes ___ No ___

Primary Doctor: _____ Phone #: _____

Secondary Doctor: _____ Phone #: _____

If the nurse or school officials determine that your child is in an emergency situations and you cannot be reached immediately, do you have your permission to call the local ambulance service? Yes ___ No ___

If not, please indicate your wishes in this situation: _____

Preferred Hospital Name: _____

I, the undersigned, authorize the School Nurse/Officials of the Athens Bible School to contact directly the persons named on this card, and do authorize the named Doctor to render such treatment as may be considered necessary in an emergency situation, for the health of my child. In the event Doctors, other persons named on this card or parents cannot be contacted, the School Nurse/Officials are authorized to take whatever action is considered necessary in their judgment, for the health of my child. I will not hold the School Nurse/Officials financially responsible for the emergency care and/or transportation for my child. All the information given above is true as best of my knowledge.

Parent/Guardian Signature _____ Date: _____



ATHENS BIBLE SCHOOL

Student Medication Information

507 Hoffman Street Athens, AL 35611 256-232-3525 Fax: 256-232-5417

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STUDENT INFORMATION

Student's Name _____
School _____ Grade _____ Teacher _____ School Year ____ - ____
List any known drug allergies/reactions _____ Height (inches) _____ Weight (lbs) _____

PRESCRIBER AUTHORIZATION

Name of Medication _____ Reason for Taking _____
Dosage _____ Route _____ Frequency/Time(s) to Be Given _____
Begin Medication _____ Stop Medication _____
Date _____ Date _____

Special Instructions:

Does medication require refrigeration? Yes No
Is the medication a controlled substance? Yes No
Is self-medication permitted and recommended for this student? Yes No
I hereby affirm that this student has been instructed in the proper self-administration of the prescribed medication(s)
If asthma inhaler or emergency medication, do you recommend this medication be kept **"on person"** by the student? Yes No

Potential Side Effects/Contraindications/Adverse Reactions _____

Treatment order in the event of an adverse reaction: (Attach additional sheet or use the back of this form if necessary)

Signature of Prescriber Date Phone Fax

PARENT AUTHORIZATION

I authorize the School Nurse, the registered nurse (RN) or licensed practical nurse (LPN) to delegate to unlicensed school personnel the task of assisting my child in taking the above medication. I understand that additional parent/prescriber signed statements will be necessary if the dosage of medication is changed. I also authorize the School Nurse to talk with the prescriber or pharmacist should a question come up about the medication.

Medication must be registered with the principal, his/her designee, or the school nurse. It must be in the original container and be properly labeled with the student's name, prescriber's name, date of prescription, name of medication, dosage, strength, time interval, route of administration, and the date of drug's expiration when appropriate.

Signature of Parent or Guardian Date Phone

SELF MEDICATION AUTHORIZATION

I authorize and recommend self-medication by my child for the above medication. I also affirm that he/she has been instructed in the proper self-administration of the prescribed medication by his/her attending physician. I shall indemnify and hold harmless the school, the agents of the school, and the local board of education against any claims that may arise relating to my child's self-administration of prescribed medication(s).

Signature of Parent or Guardian Date

If any questions or problems arise, call me at: (H) _____ (W) _____ (Cell) _____



ATHENS BIBLE SCHOOL

Volunteer Form

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Volunteer's Name _____

Home phone _____

Work phone _____

Cell phone _____

Email _____

Student names

Grade

Please check areas of interest:

- First aid
- Lunchroom substitute
- Office help (when understaffed)
- Special tutorial help ex: math, reading...
- Fundraising events
- Room mother (specify grade)
- Classroom substitute

Do you work outside the home? _____

Best available time to volunteer _____

We appreciate our families and their willingness to help the school function and be successful. Being active in your child's school can only help to make for a better environment. Thank you!



ATHENS BIBLE SCHOOL

Transcript Release Request

507 Hoffman Street Athens, AL 35613 256-232-3525 Fax: 256-232-5147

"A Better Education on a Better Foundation"

Name of student's present school _____

Fax _____

Dear Registrar,

Student's Name _____

Date of Birth _____

Grade _____

Is making application to Athens Bible School. Please send or fax a copy of the following pertinent information contained in this student's records:

- Transcript of past academic record (including grades earned during the current year to date)
- Attendance records
- Standardized test scores
- Health records including immunization dates
- Discipline information

Thank you for your cooperation in sending this information at your earliest convenience.

Parent Signature _____

Relationship to Student _____

Date _____



ATHENS BIBLE SCHOOL

Tuition Agreement / Payment Plan (2009-10)

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Required Fees

- Registration Fee: \$100 per student for 1st – 12th grade (applied to tuition if paid by May 15).
- Book Fee: \$150 per student (\$300 maximum per family), due by June 11.
- Technology Fee: \$30 per semester for students in 7th – 12th grade.

Tuition Fees and Plans

Payment plan due dates are as follows:

10 month plan: payment is due on the first of each month, beginning in August.

12 month plan: payment is due on the first of each month, beginning in June.

	Yearly Tuition	10 Payments	12 Payments	4% discount if year is paid in full by July 1 st	3% discount if year is paid in full by 1 st day of school	2% discount if semester is paid by 1 st day of semester
Kindergarten	\$4,098	\$410	\$342	\$3,934	\$3,975	\$2,008
1st Child (1 - 12)	\$4,796	\$479	\$400	\$4,604	\$4,652	\$2,350
2nd Child (1 - 12)	\$4,098	\$410	\$342	\$3,934	\$3,975	\$2,008
3rd Child (1 - 12)	\$2,589	\$259	\$216	\$2,485	\$2,511	\$1,269
4th Child	Free	\$0	\$0	\$0	\$0	\$0

Please fill in each student's name below and mark a payment plan:

Student Name _____ Grade _____

10 month 12 month 4% discount 3% discount 2% discount

Student Name _____ Grade _____

10 month 12 month 4% discount 3% discount 2% discount

Student Name _____ Grade _____

10 month 12 month 4% discount 3% discount 2% discount

Student Name _____ Grade _____

10 month 12 month 4% discount 3% discount 2% discount

Billing Address

Name _____

Street Address _____ City _____ ST _____ Zip _____

Optional Program Fees

Athletic Fee (Grades 7th-12th): \$75 per athlete, per sport; due by the first game of the season

Delinquency Policy

Overdue Accounts: 1.5% per month (18% per year) finance charge on overdue balances after the 7th of each month.

Tuition accounts that are delinquent for two months will be given three options

1. Obtain a loan from a lending agency to pay off the rest of the year's tuition.
2. Pay off the rest of the year's tuition on a credit card.
3. Remove the child from school.

Please sign below to state that you are in agreement with and will honor this policy:

Parent/Guardian signature _____ Date: _____

Print Name _____

