



# Free Will Baptist Christian School Enrollment Application Instructions/Checklist

## NEW STUDENTS

To register, please complete the following forms included in this packet:

- Application for Admission
- Medical Release Form
- Honor Code
- Photograph/Video Use Consent and Release
- Financial Contract -To Be Completed By Office Staff**
- Parent Volunteer Form (Optional)
- New Student Questionnaire
- Student Transfer Form - Only Grades 1<sup>st</sup>-12<sup>th</sup>

In addition, provide a copy of the following items:

- Birth Certificate
- Social Security Card
- Current Immunization Card
- Immunization Clearance Form
- Universal Health Record- Only Grades K3-K5
- Prior Year's Report Card
- Transcript- Only Grades 9<sup>th</sup>-12<sup>th</sup>
- Two Reference Letters- Only Grades 6<sup>th</sup>-12<sup>th</sup>
  - Mentor (non-relative)
  - Former teacher/principal
- Entrance Exam- Only Grades 6<sup>th</sup>- 12<sup>th</sup>

Once all forms have been submitted, see the registrar to schedule an entrance exam and interview with the principal. If you have any questions, please contact the business office at (340)773-3179.

## RETURNING STUDENTS:

To re-register for the new school year, please complete the following forms included in this packet:

- Application for Admission
- Medical Release Form
  - Honor Code
  - Photograph/Video Use Consent and Release
- Financial Contract - To Be Completed By Office Staff**
  - Parent Volunteer Form (Optional)

In addition provide a copy of the following items:

- Current Immunization Card  
\_\_\_\_\_ initial here if no updates have been made from previous year
- Universal Health Record- Only Grades K3-K5

**This section is to be completed by the FWBCS office staff for all NEW students.**

Application Received By: \_\_\_\_\_ Date Received: \_\_\_\_\_  
 All Required Forms Completed  All Items Submitted  
 Interviewed  Exam Completed  
Stanine: \_\_\_\_\_ Percentile: \_\_\_\_\_

**Free Will Baptist Christian School**  
**Application for Admission**  
2024-2025 Academic Year

Student Information

Student's Legal Name: \_\_\_\_\_  
(Last) (First) (Middle)

Grade Entering: \_\_\_\_\_  Male  Female

Date of Birth: month / day / year Place of Birth: \_\_\_\_\_

SS #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

U.S. Citizen?  Yes  No If No, Note Document Type and #: \_\_\_\_\_

Race\*:  Asian/Pacific Islander  American Indian  Black  
 Hispanic  White  Multiracial

\*Collection of racial and ethnic composition is mandated by the  
Department of Education per FNS Instruction 113-1, XII A 1 and 2

**The student lives with:** \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Street) (City) (Zip Code)

Mailing Address: \_\_\_\_\_  
(Street) (City) (Zip Code)

Siblings Attending FWBCS: \_\_\_\_\_  
Name(s), Grade(s)

Contact Information

Father/Guardian \_\_\_\_\_ Mother/Guardian \_\_\_\_\_

Home Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Other Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Email Address \_\_\_\_\_

\*Physical Work Address: \_\_\_\_\_ \*Physical Work Address: \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

\* as required by the USVI Department of Human Services Office of Child Care & Regulatory Services

Emergency Contact Other than Parent/Guardian: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

\*Physical Address: \_\_\_\_\_

Emergency Contact Other than Parent/Guardian: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

\*Physical Address: \_\_\_\_\_

Student Transportation

List the name of all those who have permission to pick up your child:

Name: \_\_\_\_\_  Mother  Father  Other \_\_\_\_\_

\*Physical Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_  Mother  Father  Other \_\_\_\_\_

\*Physical Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_  Mother  Father  Other \_\_\_\_\_

\*Physical Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Would you like to be able to add names, via phone, to this pickup list?  Yes  No

List those who **DO NOT** have permission to pick up or visit your child: *(If a non-custodial parent is prohibited from picking up or visiting a child, certified court documents must be submitted to the school office.)*

\_\_\_\_\_  
\_\_\_\_\_

Is your child permitted to walk home from school?  Yes  No (See Office for Form)

Church Affiliation

Name of Church: \_\_\_\_\_

Pastor's Name: \_\_\_\_\_

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

(Street)

(City)

(Zip Code)

I attend church:  Regularly  Occasionally  Never

\* as required by the USVI Department of Human Services Office of Child Care & Regulatory Services

## MEDICAL RELEASE FORM

### EMERGENCY RELEASE

In my absence, any staff member of Free Will Baptist Christian School has permission to seek emergency medical care deemed necessary for \_\_\_\_\_.

Student's Name

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

### STUDENT HEALTH INFORMATION

List Any Medications Taken \_\_\_\_\_

List Any Relevant Medical Conditions \_\_\_\_\_

List Any Physical Disabilities \_\_\_\_\_

List Any Allergies \_\_\_\_\_

Please check any of the following that apply to your child:

- |  |   |  |                                     |
|--|---|--|-------------------------------------|
| <input type="checkbox"/> Asthma              | <input type="checkbox"/> Convulsions          | <input type="checkbox"/> Diabetes      | <input type="checkbox"/> Dizziness  |
| <input type="checkbox"/> Frequent Urination  | <input type="checkbox"/> Hearing Difficulties | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Nosebleeds |
| <input type="checkbox"/> Speech Difficulties | <input type="checkbox"/> Vision Difficulties  | <input type="checkbox"/> Other _____   |                                     |

Name of student's doctor: \_\_\_\_\_

Doctor's phone number: \_\_\_\_\_

### MEDICATIONS

Prescribed Medications- Students who must take prescribed medication at school must turn the medication in to the office along with a dated note and instructions signed by the child's parent. .

Over-the-counter Medications- Over-the-counter medication, such as Tylenol, that has been provided by the parent/guardian will be stored in the school office and administered to a student with specific instructions provided.

Students are not to keep any form of medicine (prescription or over-the-counter) on them personally in the classroom, in their lockers, purses, book bags, etc.

Please select one of the following:

- My child will not have medication on Free Will Baptist Christian School campus.
- I hereby authorize Free Will Baptist Christian School to administer the medication I have provided for my child.

\_\_\_\_\_  
Parent's Printed Name

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

Your Relationship To Student:

Mother

Father

Legal Guardian

## HONOR CODE

**This form is to be filled out and signed by every student.  
Only a parent signature is required for students in K3-K5.**

I, \_\_\_\_\_, as a student of Free Will Baptist Christian School promise to acknowledge and honor the following statements:

- ❖ I recognize that the act of cheating hurts not only me, but my fellow classmates as well.
- ❖ I pledge that I will neither give nor receive any improper aid on any quiz, test, or assignment.
- ❖ I pledge to abide by any guidelines my instructor may give regarding an assignment.
- ❖ I recognize that “copying and pasting” from a website, book, or other source, and submitting that work as my own is stealing. This is called plagiarism and carries with it grave consequences. I promise to never claim another person’s work for my own.
- ❖ I recognize that by writing my name on any quiz, test or assignment, I am promising to uphold the honor code outlined above.
- ❖ I have received a copy of the Parent/Student Handbook and have reviewed it. I agree to adhere to its code of conduct and policies.

As a student of Free Will Baptist Christian School, I affirm that I have read and understand the above statements and promise that I will abide by them.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

- ❖ I have received a copy of the Parent/Student Handbook and have reviewed it. I agree to ensure my student adheres to its code of conduct and policies.

As parent of a Free Will Baptist Christian School student, I affirm that my child and I have fully read and understood the above statements. I promise, as the parent, to help to ensure that my child abides by these statements

\_\_\_\_\_  
Signature of Parent / Guardian

\_\_\_\_\_  
Date

## Photograph/Video Use Consent and Release

I hereby grant permission to Free Will Baptist Christian School (the "Ministry"), its representatives, contractors, employees and volunteers acting on behalf of the Ministry, to take and/or use, copyright, publish, edit, crop or treat images or likenesses of me or my child(ren), including photographs, videos or otherwise, for any lawful use on the Ministry's website, social media pages, blogs, or in other official Ministry printed or electronic publications without further consideration. I understand that should photographs or videos of me or my child(ren) be used on Ministry-owned or operated websites or webpages, they may be available for download.

I do hereby **AGREE TO RELEASE, DEFEND, INDEMNIFY, AND HOLD HARMLESS THE MINISTRY** and its agents and employees, from any and all present, past, future, known and unknown liabilities, actions, causes of actions, claims, expenses, personal injuries, and damages, **INCLUDING THOSE CAUSED BY THE NEGLIGENCE OR FAULT OF THE MINISTRY, ITS LEADERS, EMPLOYEES, OR VOLUNTEERS** and including without limitation, interest, penalties, court costs, attorney's fees and expenses resulting from or on account of injury to my child, myself, or my property that may arise from the use or dissemination of photographs or videos of me or my child, whether via the internet or in print. I expressly agree that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted in the Virgin Islands and that if any portion hereof is held invalid, it is agreed that the remainder shall, notwithstanding, continue in full legal force and effect. I also agree that any controversy or claim, by or through me, arising out of or relating to the activities anticipated by this form shall be settled by binding Christian arbitration conducted by the National Center for Life and Liberty or another Christian arbitrator, and judgment on the award may be entered in any court having jurisdiction thereof.

The Ministry reserves the right to use photographs and videos without notice.

I, \_\_\_\_\_ (*printed name*), as parent or legal guardian of  
\_\_\_\_\_  
\_\_\_\_\_ (*name of minor*), do hereby grant permission to the Ministry to use  
videos, photographs, or other likenesses of my child as outlined above.

Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

# FINANCIAL CONTRACT

## To Be Completed By Office Staff

for 2024-2025 Academic Year

\*Registration Amount: \_\_\_\_\_ Date Paid: \_\_\_\_\_  
 (\*non-refundable/non-transferable)

**Payment Plan Options:** (Select one)

- 11-Payment Plan Monthly payments beginning on July 1<sup>st</sup> and ending on May 1<sup>st</sup>
- 9- Payment Plan Monthly payments beginning on September 1<sup>st</sup> and ending on May 1<sup>st</sup>
- 4- Payment Plan Payments on the first of September, December, February and April
- 3- Payment Plan Payments on the first of September, December and March
- 2- Payment Plan Payments at the start of each semester (August and January)

	Student Name	Grade	Per Year	Per Payment
1)	_____	_____	_____	_____
2)	_____	_____	_____	_____
3)	_____	_____	_____	_____
4)	_____	_____	_____	_____
5)	_____	_____	_____	_____
Total Amount Due			_____	_____

**EARLY WITHDRAWAL**

Students who withdraw prior to the beginning of school will be charged the registration fee. The registration fee is non-refundable and non-transferable. Students who attend classes, but withdraw prior to October 21<sup>st</sup>, will be charged two-month's tuition. Refunds will not be considered until the parent/guardian has signed an official notice of transfer/withdrawal. Students who withdraw after November 1<sup>st</sup> or after April 1<sup>st</sup>, must pay for the balance of that semester. Students who leave school as a result of disciplinary action will not be granted a tuition refund.

**LATE PAYMENTS**

A late fee of \$25.00 will be charged when payment due is more than 10 days late. Please note that if tuition payments are not paid, students may not be permitted to attend class or receive grades until the account is brought up to date.

- Check here if you would prefer to receive your statements by email.  
 Email Address: \_\_\_\_\_

- Check here if you are applying for a Block Grant with the Government of USVI.

Block grants will be submitted monthly to the Dept. of Human Services and account balances will not reflect these payments until the funds have been received electronically by the Govt. of USVI. If the government does not distribute funds, the parent is responsible for the cost of tuition.

I have read and agree to abide by the above financial contract and the other policies and procedures of the school as presented in the Parent/Student Handbook. **By signing, I understand that this debt is my responsibility.**

\_\_\_\_\_  
 Signature of Parent or Guardian

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Office Personnel

\_\_\_\_\_  
 Date



# Warrior

## Parent Volunteer Form

(This is an optional form.)

**We love having parents volunteer at our school. If you are interested in volunteering, please complete this form and return it to the school office.**

**Parent's Name:** \_\_\_\_\_

**Student's Names & Grades:**

\_\_\_\_\_  
\_\_\_\_\_

**Parent Phone:** \_\_\_\_\_

**Parent Email Address:** \_\_\_\_\_

**Preferred Communication Method:** \_\_\_\_\_Phone \_\_\_\_\_Email \_\_\_\_\_Text

**I'm available to volunteer:** \_\_\_\_\_Mornings \_\_\_\_\_Afternoons \_\_\_\_\_Anytime

**How often would you like to volunteer:**

\_\_\_\_\_Once/Twice a week \_\_\_\_\_Once/Twice a month \_\_\_\_\_Once a Quarter  
\_\_\_\_\_As often as needed \_\_\_\_\_Occasionally

**I would be interested in helping the following (check all that apply):**

\_\_\_\_\_Field Trip Chaperone \_\_\_\_\_Teacher Appreciation \_\_\_\_\_Class Projects  
\_\_\_\_\_Special Days/Events \_\_\_\_\_Helping with Art Projects \_\_\_\_\_Tutoring  
\_\_\_\_\_Sports- coaching/assisting (preferred sports: \_\_\_\_\_)  
\_\_\_\_\_Other: \_\_\_\_\_

**Special Skills or Services:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Any other important information (Please use the back of this form for more space):**

\_\_\_\_\_  
\_\_\_\_\_



**New Student Questionnaire-**  
**This form is to be filled out for every NEW student.**

Student's Legal Name: \_\_\_\_\_  
(Last) (First) (Middle)

Grade Entering: \_\_\_\_\_

1. What is your primary reason for seeking to enroll in FWBCS?  
\_\_\_\_\_

2. How did you hear about us?  Friend/Relative  TV  Radio  Facebook  Road Sign  
Referred by: \_\_\_\_\_ Other (please specify): \_\_\_\_\_

School History- (Please list the most recent schools that your child has attended)

Name of School: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Grades Attended: \_\_\_\_\_

Name of School: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Grades Attended: \_\_\_\_\_

Name of School: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Grades Attended: \_\_\_\_\_

Last Grade Enrolled In: \_\_\_\_\_  Passed  Retained  Transferred

Has Your Child Ever:

Repeated a grade?  Yes  No If yes, provide the date, school and grade. \_\_\_\_\_  
\_\_\_\_\_

Had any learning challenges or concerns?  Yes  No If yes, please explain.  
\_\_\_\_\_

Been given an IEP or 504\*?  Yes  No If yes, please attach a copy of the document.

\* If you know, or you suspect, that your student has a learning difference, ask us about our special education program!

Missed more than two weeks of school?  Yes  No If yes, please explain the circumstances.  
\_\_\_\_\_

Been suspended?  Yes  No If yes, please provide the date and explain the circumstances.  
\_\_\_\_\_

Been expelled or required to withdraw?  Yes  No If yes, please explain the circumstances.  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

**Student Transfer Form**

**This form is to be filled out for new students entering grades 1-12.**

Student Name: \_\_\_\_\_  
(Last) (First) (Middle)

**This form is to be completed by an official from the student's previous school and returned back to FWBCS in a sealed envelope with the student's name written on the front of the envelope or emailed to [businessoffice@freewillschool.com](mailto:businessoffice@freewillschool.com).**

Describe this student academically:     Good             Average             Poor

Was this student a discipline problem?             Yes             No

Explanation (if needed) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does this student have any learning disabilities or challenges of which you are aware?     Yes     No

Explanation (if needed) \_\_\_\_\_  
\_\_\_\_\_

Has this student been given an IEP or 504?     Yes             No

If yes, please list the student's exceptionalities. \_\_\_\_\_  
\_\_\_\_\_

Have this student's parents been cooperative and supportive?     Yes             No

Explanation (if needed) \_\_\_\_\_  
\_\_\_\_\_

Name of School \_\_\_\_\_ Phone Number \_\_\_\_\_

School Official \_\_\_\_\_  
Signature Title/Position