# GRACE BAPTIST ACADEMY

*Equipping the Next Generation to Accomplish God's Plan for Their Lives*

**2026-2027 Enrollment Packet**

**Student's Name** _____ **Grade** _____

- ☐ Enrollment Fees
  - ☐ Registration Fee
  - ☐ Book Fee
  - ☐ First Month's Tuition
- ☐ Enrollment Form
- ☐ Student Health Form
- ☐ Pickup Authorization Form
- ☐ Emergency Contact Form
- ☐ Photo Release Form
- ☐ Standard of Conduct Agreement
- ☐ School Contract
- ☐ Background Check (if applicable)
- ☐ Copy of Birth Certificate
- ☐ Immunization Records
- ☐ Copy of Social Security Card
- ☐ Copy of Health Insurance
- ☐ Myschoolworx.com Online Enrollment
- ☐ Custody/Adoption Papers (if applicable)

Because it is extremely important that we receive a **complete** enrollment packet for your student, we have included this checklist to assist you in the organization of your packet. Before you deliver your completed packet to us, please ensure that **every** item on the list is included.

Place a check mark next to each item once you verify that you have completed, signed, and dated the form. ***Upon completion, this checklist must be turned into the office.***

**By signing this document, I agree that all information on these forms is true and accurate and that I have included all requested documents.**

_____ _____

**Parent/Guardian Signature** **Date**

_____ _____

**Administration Signature** **Date**

*Grace Baptist Academy admits students of any race, color, national, or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national, or ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.*

228.875.2093 office@gbaos.org 3707 Bienville Boulevard Ocean Springs, MS 39564

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## 2026-2027 Student Health Form

Student's Name: _____ Grade: _____

Does the child wear glasses or contacts? _____ If yes, how often? _____

Does the child have physical hearing impairment? _____ If yes, do they have a hearing aid? _____

Known allergies: _____

Food restrictions: _____

Other health-related restrictions: _____

Current doctor-prescribed medications taken on a regular basis and for what cause: _____

_____

Current medical conditions for which the child sees a doctor regularly: _____

_____

Most common reoccurring medical ailment/issues your child deals with during the year: _____

_____

**Medical History** *(if yes, please explain)*

Any hospitalizations? _____

Any surgeries? _____

Any broken bones? _____

Any psychological/psychiatric counseling? _____

Date and nature of last illness: _____

Date of last physical/well-child visit: _____

Any other medical, well-being, or health-related issues that you would like us to know in order to better care for your child: _____

Doctor to call in case of emergency: _____ Phone #:_____

**Medications to Be Taken:**

Please note that Grace Baptist Academy will **not** have common medications, such as Ibuprofen, Tylenol, Aspirin, Acetaminophen, Claritin, Tums, etc., available for students. Students who may need these or any other medications must provide their own. Medications must be turned into the school office and will be secured in a special medication cabinet until needed.

Students who may need to take prescription medicine during the school day will be required to turn in the medicine to the school office, along with a note from a doctor or parent with specific instructions on how to administer the medicine. The medication must be in its original container, with the student's name clearly visible. Medications will be secured in a special medication cabinet until needed.

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**Permission to Administer Medication:**

I, _____ give Grace Baptist Academy permission to administer medications to my child _____ if the need should arise during the course of the 2026-2027 school year. I understand that I am to provide any medication that my child may need and that Grace Baptist Academy will not administer any other medication that is not specifically marked below to my child if they do not have **written permission**. I understand that in case of emergency, Grace Baptist Academy will contact me for **verbal permission** to administer any other non-specified medications. I agree to absolve Grace Baptist Academy and its administration, teachers, or adult chaperones and volunteers harmless from any and all liability, actions, causes of actions, claims, expenses, and damages due to injury that my child may incur during or directly resulting from the administration of any medications by the Grace Baptist Academy staff. **I AGREE THAT I HAVE CAREFULLY READ THE ABOVE AGREEMENT, UNDERSTAND THE CONTENTS THEREOF, AND SIGN THIS DOCUMENT AS MY OWN FREE ACT. THIS IS A LEGALLY BINDING AGREEMENT WHICH I HAVE READ AND FULLY AGREE WITH.**

**Parent/Guardian Signature: _____ Date: _____**

**Parent/Guardian Signature: _____ Date: _____**

**Medications my child may be administered:**

**Pain Relievers**
Ibuprofen (Advil, Motrin) _____
Acetaminophen (Tylenol)_____
Naproxen (Aleve) _____
Asprin _____
Other _____

**Antacid Medications**
Tums _____
Pepto Bismol _____
Alka-Seltzer _____
Other _____

**Miscellaneous Medications**
Please specify name and description:
_____
_____
_____

**Allergy Medications**
Benadryl _____
Claritin _____
Nasal Spray _____
Eye Drops _____
Other _____

**Please contact me if my child requests medicine BEFORE administering medication. _____**

**Please only send the notification email AFTER my child has been given medication. _____**

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## 2026-2027 Pickup Authorization Form

Student's Name: _____

**Parent/Guardian**

Name: _____ Phone #: _____

Name: _____ Phone #: _____

**Non-Parental Authorized Persons**

Name: _____ Phone #: _____

Relationship: _____

Name: _____ Phone #: _____

Relationship: _____

Name: _____ Phone #: _____

Relationship: _____

Name: _____ Phone #: _____

Relationship: _____

**All authorized persons picking up a student at Grace Baptist Academy may be required to show photo identification.**

*The persons listed above are all authorized to pick up my child from Grace Baptist Academy.*

**Parent/Guardian Signature:** _____ **Date:** _____

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## 2026-2027 Emergency Contact Form

Student's Name: _____

**Responsible Adult to Contact if Parents Cannot Be Reached:**

Name: _____ Phone #: _____

Relationship: _____

Name: _____ Phone #: _____

Relationship: _____

Name: _____ Phone #: _____

Relationship: _____

Name: _____ Phone #: _____

Relationship: _____

**Child's Physician:**

Name: _____ Phone #: _____

**Child's Dentist:**

Name: _____ Phone #: _____

**Child's Insurance:** _____

**(  ) The Academy has permission to call the above-named physician or dentist in case of emergency when as a parent I cannot first be reached.**

**(  ) I hereby authorize the staff of Grace Baptist Academy to preform lifesaving procedure(s) on my child in the event of an emergency.**

**Parent/Guardian Signature:** _____ **Date:** _____

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## 2026-2027 Photo Release Form

Student's Name: _____ Grade: _____

I hereby grant permission for video recordings and digital photographs to be taken of my child or my child's work as part of his/her participation at Grace Baptist Academy. I understand that the recordings and images collected will be used for nonprofit educational purposes.

I authorize Grace Baptist Academy to use my child's image on its websites and/or in printed promotional materials without further consideration, and I acknowledge Grace Baptist Academy's right to treat the media (such as cropping) at its discretion.

I also acknowledge that Grace Baptist Academy may choose not to use my child's image at this time, but may do so at its own discretion at a later date.

I understand that once my child's image is posted on the Grace Baptist Academy website, the image could possibly be downloaded by a third party. I agree that I will not hold Grace Baptist Academy responsible for any harm that may arise from such unauthorized reproduction.

**Parent/Guardian Name (please print): _____**

**Parent/Guardian Signature: _____ Date: _____**