

MADISON AVENUE BAPTIST ACADEMY
900 Madison Avenue, Paterson, NJ 07501
973-279-5800

Name _____
(Last) (First) (Middle) (Name to be used in school) (Grade applying for)

Address _____
(Street) (Apt. #) (City and State) (Zip Code) (Home Phone)

(Sex) (Age) (Date of Birth) (Place of Birth)

Father's Name (or guardian) _____ Occupation _____

Employer _____ Business Phone _____

Marital Status: () Married () Widowed () Separated () Divorced () Remarried () Single

Church _____ Attend: () Regularly () Not regularly

Mother's Name (or guardian) _____ Occupation _____

Employer _____ Business Phone _____

Marital Status: () Married () Widowed () Separated () Divorced () Remarried () Single

Church _____ Attend: () Regularly () Not regularly

Persons to contact if parents are unavailable:

(Name) (Relationship) (Address) (Phone)

(Name) (Relationship) (Address) (Phone)

Please list all schools the student has attended, including pre-schools:

<u>Date</u>	<u>Grades</u>	<u>Name of School</u>	<u>Location</u>	<u>Phone Number</u>

Has any grade been repeated? _____ If yes, which one? _____ Reason: _____

Has the applicant had any disciplinary problems in their current school? _____ If yes, please explain:

Has the applicant ever taken any type of psychiatric or achievement testing other than in school? _____

If yes, please explain: _____

Has the applicant received any type of tutoring or therapy? _____ If yes, please explain: _____

How did you hear about Madison Avenue Baptist Academy? _____

In the space provided below, please give a brief account of salvation for father, mother, and student.

Father's account of salvation experience: _____

Mother's account of salvation experience: _____

Student's account of salvation experience: _____

Father's Signature (or guardian) Date

Mother's Signature (or guardian) Date

