



OKLAHOMA BIBLE ACADEMY

APPLICATION FOR ADMISSION

PLEASE COMPLETE THIS APPLICATION WITH
APPLICATION FEE TO:
OKLAHOMA BIBLE ACADEMY
5913 WEST CHESTNUT
ENID, OK 73703

PHONE NUMBER
580-242-4104

OFFICE USE ONLY

DATE RECEIVED _____

APPLICANT FEE PAID

INTERVIEW DATE _____

STATUS _____

NOTES _____

PLEASE
ATTACH
RECENT
PHOTO

STUDENT INFORMATION

STUDENT'S NAME _____ GENDER M F
FIRST MIDDLE LAST

STUDENT GOES BY _____ DATE OF BIRTH _____ GRADE APPLYING FOR _____

HOME ADDRESS: _____ MOTHER'S CELL NO. _____

_____ DAD'S CELL NO. _____

_____ MOTHER'S E-MAIL* _____

HOME PHONE _____ DAD'S E-MAIL* _____

STUDENT'S CELL NO. _____ STUDENT'S E-MAIL* _____

STUDENT LIVES WITH (CHECK ALL THAT APPLY) FATHER MOTHER STEPFATHER STEPMOTHER GRANDPARENTS OTHER

PARENT INFORMATION

FATHER'S NAME _____ MOTHER'S NAME _____

OCCUPATION _____ OCCUPATION _____

COMPANY NAME _____ COMPANY NAME _____

FATHER'S ADDRESS (IF DIFFERENT FROM STUDENT) _____ MOTHER'S ADDRESS (IF DIFFERENT FROM STUDENT) _____

WORK PHONE _____ WORK PHONE _____

CELL PH _____ E-MAIL _____ CELL PH _____ E-MAIL _____

IS FATHER AN OBA ALUMNUS? No YES (CLASS YEAR) _____ IS MOTHER AN OBA ALUMNUS? NO YES (CLASS YEAR) _____

PERSON RESPONSIBLE FOR ACCOUNT IF OTHER THAN PARENT(S) _____

ADDRESS _____ PHONE (_____) _____

STREET CITY STATE ZIP

*THIS E-MAIL ACCOUNT WILL BE USED TO MAKE ANNOUNCEMENTS AND COMMUNICATE WITH PARENTS ON A REGULAR BASIS THROUGH RENWEB.

SCHOOL(S) ATTENDED BY APPLICANT

1. SCHOOL _____ 3. SCHOOL _____
 ADDRESS _____ ADDRESS _____
 STREET CITY STATE ZIP STREET CITY STATE ZIP
 DATES ATTENDED _____ GRADE COMPLETED _____ DATES ATTENDED _____ GRADE COMPLETED _____

2. SCHOOL _____ 4. SCHOOL _____
 ADDRESS _____ ADDRESS _____
 STREET CITY STATE ZIP STREET CITY STATE ZIP
 DATES ATTENDED _____ GRADE COMPLETED _____ DATES ATTENDED _____ GRADE COMPLETED _____

HAS THE APPLICANT EVER

been diagnosed with a learning disability? YES NO
 been recommended for special education classes? YES NO
 been suspended from school? YES NO
 been expelled or asked to withdraw from school? YES NO
 been arrested or charged with a crime? YES NO
 taken illegal drugs? YES NO

DOES THE APPLICANT

respect/obey authority? YES NO
 attend church regularly? YES NO
 drink alcohol? YES NO
 use tobacco? YES NO
 know other students at OBA? YES NO

CHURCH INFORMATION

CHURCH APPLICANT'S FAMILY ATTENDS _____ PHONE (_____) _____
 PASTOR _____ YOUTH PASTOR _____

PARENT'S CHURCH ACTIVITIES _____ APPLICANT'S CHURCH ACTIVITIES _____

OTHER CHILDREN

NAME _____ AGE _____ SCHOOL ATTENDING _____ GRADE _____
 NAME _____ AGE _____ SCHOOL ATTENDING _____ GRADE _____
 NAME _____ AGE _____ SCHOOL ATTENDING _____ GRADE _____
 NAME _____ AGE _____ SCHOOL ATTENDING _____ GRADE _____

GRANDPARENT'S INFORMATION

MATERNAL GRANDPARENTS _____ PHONE (_____) _____
 ADDRESS _____
 STREET CITY STATE ZIP

PATERNAL GRANDPARENTS _____ PHONE (_____) _____
 ADDRESS _____
 STREET CITY STATE ZIP

STUDENT RESPONSES • This page is to be filled out in his/her own handwriting.

ARE YOU A CHRISTIAN? YES NO IF YES, PLEASE EXPLAIN THE CIRCUMSTANCES INFLUENCING YOU TO BECOME A CHRISTIAN.

EXPLAIN WHAT YOU BELIEVE IT MEANS FOR A PERSON TO BE A CHRISTIAN.

DO YOU WANT TO ATTEND OKLAHOMA BIBLE ACADEMY? YES NO PLEASE EXPLAIN YOUR ANSWER.

PLEASE LIST YOUR HOBBIES, INTERESTS AND GOALS. TELL US ABOUT YOURSELF.

IN WHICH SUBJECT DO YOU BELIEVE YOU DO THE BEST? _____

WHAT DO YOU ENJOY MOST ABOUT SCHOOL?

STUDENT COMMITMENT

1. I will follow the rules and regulations of Oklahoma Bible Academy to the best of my ability. I agree to submit to the authority of Oklahoma Bible Academy. More specifically, I submit to the Oklahoma Bible Academy Statement of Faith.
2. I agree to assume responsibility for my academic work and to contribute positively to the total program of OBA. I resolve to strive toward a positive witness and testimony for the Lord Jesus both in and out of school.
3. I will strive to properly represent myself, my family and my school while attending Oklahoma Bible Academy.
4. I understand the OBA standards of conduct, both on and off campus, and the consequences of violating those standards.

DO NOT SIGN UNTIL YOUR INTERVIEW

APPLICANT'S SIGNATURE _____ DATE _____

PARENT /GUARDIAN RESPONSES

WHY DO YOU WISH TO SEND YOUR STUDENT TO OKLAHOMA BIBLE ACADEMY? _____

WHY ARE YOU WITHDRAWING FROM HIS/HER PRESENT SCHOOL? (PLEASE CHECK ALL THAT APPLY)

- GRADE PROMOTION FAMILY MOVED STUDENT MOVED DESIRE CHRISTIAN EDUCATION UNHAPPY WITH PRESENT SCHOOL
- OTHER _____

WHAT IS YOUR OWN PERSONAL CHRISTIAN EXPERIENCE _____

REFERENCES

PLEASE LIST NAMES, ADDRESSES AND PHONE NUMBERS OF TWO PEOPLE WHO KNOW YOUR FAMILY WELL. (OBA FAMILY, IF POSSIBLE)

NAME _____ PHONE (_____) _____

ADDRESS _____
STREET CITY STATE ZIP

NAME _____ PHONE (_____) _____

ADDRESS _____
STREET CITY STATE ZIP

FINANCIAL AGREEMENT

- I/We understand that all school charges are due at the beginning of each semester.
- I/We understand that if I am/we are unable to pay by the semester, arrangements can be made for monthly payments. Monthly payments are due on the tenth of each month and a late payment fee of \$20 will be assessed for every payment not received by the OBA office by the tenth of the month.
- I/We understand that my/our account must be current for my/our student to remain at OBA, and before report cards, records, or other information will be released.
- I/We understand that all tuition and fees paid are nonrefundable, except in the case of a family moving out of the school area. In that case, tuition will be prorated to the date of the student's last day at OBA.

CONDUCT AGREEMENT

- I/We understand that enrollment at Oklahoma Bible Academy is a privilege.
- I/We believe discipline is necessary for the welfare of each student as well as for the entire school.
- If this application is accepted, I/we hereby give permission for my/our student's teachers and/or other agents of OBA to make and enforce regulations in a manner consistent with Christian principles and discipline as set forth in the Scriptures.
- If I/we find I/we cannot fully support and cooperate with the academic and disciplinary standards of OBA, I/we will withdraw my/our student and forfeit all tuition and fees paid.
- I/we agree to support the school with my/our prayers and positive attitude. Complaints and negative comments will be shared only with the teacher, administrator or person involved in any controversy, and not my/our child nor other people, in accordance with the Matthew 18 principle. I/we understand that if the OBA Board of Directors, in its sole discretion, determines that my/our actions do not support the ministry or reflect a lack of cooperation and commitment to the home and school working together, the Board of Directors has the right to request the withdrawal of my/our student.

MY/OUR SIGNATURE(S) BELOW INDICATE(S) THAT I/WE

- am/are in agreement with OBA's Statement of Faith as outlined in this Application Packet.
- will abide by OBA's Financial Agreement stated above.
- will abide by OBA's Conduct Agreement stated herein.

This application cannot be processed until the application fee is paid in full.

DO NOT SIGN UNTIL YOUR INTERVIEW

SIGNATURE OF PARENT/GUARDIAN

DATE

SIGNATURE OF PARENT/GUARDIAN

DATE