



SALEM SAYERS BAPTIST ACADEMY
 P. O. Box 397 • Adkins, Texas 78101 • 210-649-1178 • Fax 210-649-2920
www.sayersacademy.com • Christian Distinctive • Academic Excellence

2022-2023

Homeschool Enrollment

Parent/Guardian Information		
FATHER /Guardian Name*	Email:	Cell Phone
Father's Home Address		Home Phone
Father's Place of Employment	Occupation/Title	Work Phone
Church now attending		
MOTHER /Guardian Name*	Email:	Cell Phone
Mother's Home Address		Home Phone
Mother's Place of Employment	Occupation/Title	Work Phone
*If persons named above are not the biological mother or father, please explain the relationship to the child:		
Church now attending		

Child Information				
1	First Name	Middle Name	Last Name	Date of birth
	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Grade	Phone
2	First Name	Middle Name	Last Name	Date of birth
	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Grade	Phone
3	First Name	Middle Name	Last Name	Date of birth
	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Grade	Phone
4	First Name	Middle Name	Last Name	Date of birth
	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Grade	Phone
5	First Name	Middle Name	Last Name	Date of birth
	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Grade	Phone



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Parents/Guardians are strongly encouraged to be present during the entire duration of the activity that your child is participating in.

In the event that you cannot be reached to make arrangements for emergency medical attention your signature will authorize the staff of Salem Sayers Baptist Academy and/or Church to call for an ambulance or take your child to the nearest physician, EMS technician, clinic, Emergency Room or hospital providing medical attention. You will be required to assume responsibility for the cost of all services and transportation costs, if any. You, further, agree to not hold Salem Sayers Baptist Academy and/or Salem Sayers Baptist Church, teachers, administrators, coaches and other parents responsible for accident, illness or injury which may occur to your child.

Permission is also granted for the use of pictures of my child on Salem Sayers Baptist Academy flyers, the Salem Sayers Baptist Academy website, and social media for other promotional purposes.

Father/Guardian Signature

Date

Mother/Guardian Signature

Date

**Enrollment Fee: \$150.00
per family/per year**

Administrator: _____
Date: ___/___/___

Office Use Only: QB: _____ CEA: _____ DB: _____