

FIRST BAPTIST OPELIKA CHRISTIAN SCHOOL

PARENT/TEACHER APPLICATION

Date _____

Father's Profile

Mother's Profile

Name _____

Name _____

Address _____

Address _____

Date of Birth _____

Date of Birth _____

Educational Experience

Educational Experience

No. Years of High School _____

No. Years of High School _____

College _____

College _____

Degree Earned _____

Degree Earned _____

Other _____

Other _____

Employment

Employment

Occupation _____

Occupation _____

Employer _____

Employer _____

Work Phone _____

Work Phone _____

Home Phone _____

Home Phone _____

Cell Phone _____

Cell Phone _____

Gifts or Talents _____

Gifts or Talents _____

Please put a star (*) beside the phone number that you would prefer to have listed in the FBOCS directory.

Family Church Affiliation _____

Name of Local School Board _____ City/County Schools

Have you taught at home before? _____ How long? _____ Which children? _____

In which home school ministry were you enrolled? _____

If none, why? _____

Please share your reasons for teaching your children at home. _____

Who will be the primary teacher? _____

If parent is not the primary teacher, please explain arrangement and the reasons. _____

