

Attach photo here  
and complete form in  
BLACK INK.

**Current photo taken within  
the last 12 months**



**APPLICATION FOR ADMISSION**  
**Oneida Baptist Institute**  
**P.O. Box 67**  
**11 Mulberry Street**  
**Oneida, Kentucky 40972**  
**(606) 847-4111**

Date \_\_\_\_\_

Filling out this application form does not insure admission, nor does it obligate the applicant before actual enrollment in school. This form should be sent to the school before the applicant desires to enter, and a **non-refundable** application fee of \$35 must be sent before the application will be considered. Please call the Admissions Office (ext. 233) to check the status of your application. **FILL IN ALL BLANKS. HAVE NOTARIZED WHERE INDICATED.**

Student's name in full \_\_\_\_\_ Sex: M F  
First Middle Last

Student's address \_\_\_\_\_  
Street City State Zip  
*(Billing statements and report cards will be sent to above address)*

Student's Birthdate \_\_\_\_\_ Place \_\_\_\_\_  
Month / Day / Year City State Country

Race \_\_\_\_\_ Social Security # \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_

Check one:  Father's  
 Stepfather's Name \_\_\_\_\_ Age \_\_\_\_\_  
(living with student)  
 Guardian's (Relationship to student \_\_\_\_\_)

Occupation \_\_\_\_\_ Firm or Employer \_\_\_\_\_

Work Phone \_\_\_\_\_ Pager/Cell Phone \_\_\_\_\_

Check one:  Mother's  
 Stepmother's Name \_\_\_\_\_ Age \_\_\_\_\_  
(living with student)  
 Guardian's (Relationship to student \_\_\_\_\_)

Occupation \_\_\_\_\_ Firm or Employer \_\_\_\_\_

Work Phone \_\_\_\_\_ Pager/Cell Phone \_\_\_\_\_

Parents are: Living together \_\_\_ Divorced \_\_\_ Separated \_\_\_ How many children (including applicant) live at home? \_\_\_

Father's/Stepfather's or Mother's/Stepmother's or  
Guardian's gross monthly salary \_\_\_\_\_ Guardian's gross monthly salary \_\_\_\_\_

Amount and source of other monthly income \_\_\_\_\_

***If you cannot be contacted in an emergency, give the name, number, and relationship of the person you want contacted.***

Emergency Contact's Name \_\_\_\_\_ Relationship \_\_\_\_\_

Emergency Contact's Phone Number \_\_\_\_\_ Pager/Cell Phone Number \_\_\_\_\_  
(over)

Is student a Christian? \_\_\_\_\_ Church member? \_\_\_\_\_ Where? \_\_\_\_\_

Name of last school attended \_\_\_\_\_

Please provide COMPLETE school address

Street City County State Zip

What grade do you expect student to enter, if accepted? \_\_\_\_\_

When do you plan to enroll student? \_\_\_\_\_

(1) Has student ever been suspended or expelled from school? \_\_\_\_\_ If yes, please explain below.

(2) Has student ever been in any trouble with law enforcement? \_\_\_\_\_ If yes, please explain below.

\_\_\_\_\_
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\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Any falsification of information on this application may result in the application being rejected, or the student being dismissed, if discovered after acceptance.

AGREEMENT OF RESPONSIBILITY

I agree to pay \$\_\_\_\_\_ annual entrance fee and \$\_\_\_\_\_ monthly for the 20\_\_ - 20\_\_ school year. I agree to repay any loans made to this student, to pay any medical bills, and to pay for any damage that may be done to school property by the above student. I understand what I am agreeing to pay is a fraction of the actual cost. I also agree that there will be a modest increase each year in room and board. I understand and agree that the entrance fee and first month's room and board are non-refundable and must be paid in CASH, MONEY ORDER or CASHIER'S CHECK. I understand and further agree that no transcripts or other records will be sent to another school or to anyone for the above enrolled student until all my financial obligations with the Oneida Institute have been met. If I do not meet my financial obligations herein agreed to, I understand and agree that my child may be asked to leave the school anytime after being thirty (30) days in arrears. After the first month I may pay by personal check. If my check does not clear the bank, I understand I must make the check good with cashier's check, certified check or money order within five (5) days, or my child may be asked to leave. Billing date is the 15th of each month. I understand OBI has the absolute and final authority to dismiss my child, and I agree to have my child off the campus within 24 hours of being notified of dismissal for whatever reason, financial or otherwise.

All material sent to us to be considered for the enrollment of your child becomes the property of Oneida Baptist Institute and will not be released to parent/guardian or others.

SIGNATURE OF PARENT OR GUARDIAN \_\_\_\_\_



Health Statement:

Is the student diabetic? \_\_\_ Yes \_\_\_ No

If "Yes," is the student insulin-dependent? \_\_\_ Yes \_\_\_ No

Special Instructions \_\_\_\_\_

List all allergies (including food, medicines, vaccines, environmental, etc.): \_\_\_\_\_ None

You are required to provide items necessary for emergency care, such as an inhaler or epi-pen.

Special instructions if exposed to allergen: \_\_\_\_\_

List any other medical problems (include details on a separate sheet if necessary):

**In the event that my child needs to receive medical attention (including emergency, surgical, hospitalization, prescriptions, etc.) I authorize that he/she be given the attention needed and that the bill be sent to me. I also accept the privacy practices established and provided by the health care facility.**

\_\_\_\_\_  
PRINT Parent/Guardian's Name

\_\_\_\_\_  
Parent/Guardian's SIGNATURE

\_\_\_\_\_  
Parent/Guardian Social Security #

\_\_\_\_\_  
Home Phone #

\_\_\_\_\_  
Cell Phone #

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

**If you cannot be contacted in an emergency, please designate who to contact next.**

\_\_\_\_\_  
Emergency Contact

\_\_\_\_\_  
Home Phone #

\_\_\_\_\_  
Cell Phone #

\_\_\_\_\_  
Relationship

**Any falsification of information on this application may result in the application being rejected or the student being dismissed, if discovered after acceptance.**

Sworn to and subscribed before me the _____ day of _____, _____.	
_____ NOTARY PUBLIC - STATE AT LARGE	(SEAL)
My commission expires: _____.	

## GENERAL STUDENT REGULATIONS



***A student breaking any of the following regulations is subject to immediate expulsion:***

- 1) The highest Christian character is desired by Oneida Institute, and it is understood that every student who enters Oneida thereby pledges to abide by the spirit and letter of all rules and regulations that may be prescribed. Propagation of any tenet or any activity fundamentally contrary to the Christian faith is forbidden and subjects one to dismissal, including any form of Satanic worship, black magic, and witchcraft.
- 2) All students are required to attend the following religious services: chapel each school day and Sunday morning and evening worship services. They are invited to attend Sunday School and Wednesday evening worship service, but are not required to do so. Students are not excused to attend worship services anywhere else during the time of the required scheduled services held at Oneida, except with permission of Dean of Girls, Dean of Boys or Principal.
- 3) All dormitory students are required to work one and a half hours each day and four hours on weekends. Also, extra hours of work may be used as a disciplinary measure, in an emergency, or a time of special need.
- 4) Use of tobacco products is prohibited except with parent's/guardian's written permission and only in designated areas.
- 5) Intoxicants and illicit drugs are prohibited.
- 6) All required prescription medication must be taken as prescribed. All medication (prescription and over-the-counter drugs including Benadryl, Tylenol, vitamins, herbs, etc.) must be kept in the dormitory office.
- 7) Students may not leave campus without permission (considered running away) at any time.
- 8) Weapons of any type (including pocketknives) are strictly prohibited.
- 9) Physical and sexual abuse or acts of violence of any kind are not tolerated.
- 10) Sexual and racial harassment are not tolerated.
- 11) Tattooing, piercing, or cutting any body area is not permitted.
- 12) Students are not allowed to sell, buy, trade, borrow, or loan anything to or from other students.
- 13) Students may receive day passes (Saturday or Sunday only and return same day by 10:00 p.m.), plus overnight/weekend passes (pick up Friday after 3:30 p.m., return Sunday 6:00 p.m.), according to the following schedule:
  - One day and one overnight/weekend between the start of school and fall break
  - Two day and two overnight/weekend between fall break and Christmas break
  - Two day and two overnight/weekend between Christmas break and spring break
  - Two day and two overnight/weekend between spring break and the end of the school year*(If involved with a sport, choir, or other activity, you must fulfill that commitment before permission will be given to leave.)*
- 14) Oneida students are expected to conduct themselves by Oneida standards throughout the school year including times when off campus, for example, while riding public transportation to and from school.
- 15) Methods felt necessary for the preservation of proper discipline of students are used, ie. being grounded, hours, essays, paddling, suspension, etc. Paddling is permitted under the school's prescribed guidelines when it is felt that it may help a student. Paddling is done by authorized personnel only. Generally a student will not receive more than two (2) swats per day.
- 16) Dormitory rooms and personal belongings are subject to inspection/search at anytime including during admission.
- 17) No visitors are allowed during the first 30 days of enrollment, including parents, relatives and friends. Parents and other visitors must always check in with the houseparent before going anywhere in the dorms.
- 18) Parents/guardians are responsible for providing a place for the child(ren) to stay during the fall, Christmas and spring breaks when the dorms are closed. Every student must leave campus by 6:00 p.m. Dorms reopen at 9:00 a.m. at the end of each break. Students may not return early.
- 19) Students are responsible for their own clothing and other possessions at all times, including taking **EVERYTHING** with them when they cease to be students. This is NOT a staff responsibility. It is NOT the responsibility of staff to search for, ask about, mail or ship articles after the student leaves. Oneida does not assume responsibility for the loss or damage to personal property. Parents or guardians should be certain that the child's property is covered by a homeowner's policy or other personal insurance.

(over)

(Pg.5-2010-2011)

20) Inappropriate conduct between students, such as a boy and girl being together without adult supervision, being sexually involved with any other student, inappropriate touching, and writing about or talking about immoral behavior between two or more students is not permitted.

21) The use of textbooks is included in the annual entrance fee. However, parents/guardians are responsible to pay for damage to or loss of textbooks and library books.

22) Parents/guardians are responsible to pay for all medical bills, prescriptions, transportation to and from doctor/hospital, and transportation to and from airport and/or bus station for non-required breaks, workbook charges for class work, ACT and PLAN tests and the graduation fee for seniors.

### AUTHORIZATION FOR RELEASE OF ALL CLAIMS

I, the undersigned, do for myself, my heirs, executors, administrators, successors and assigns hereby release from all claims and forever hold harmless the directors, officers, agents and employees of the Oneida Baptist Institute, from any and all claims and demands for personal injury resulting from, but not limited to, horseback riding, canoeing, hiking, backpacking, fishing, ect., including sickness and death, as well as property damage and expenses, of any nature incurred by my child under 18 years of age.

### PARTICIPANT MODEL RELEASE

By signing this document the participant hereby gives the Oneida Baptist Institute, its licensees, successors, legal representatives and assigns, the absolute and irrevocable right and permission to use the participant's name and to use, reproduce, edit, exhibit, project, display, copyright, publish photographic images and/or moving pictures and/or videotaped images of the participant with or without the participant's voice, or in which the participant may be included in whole or in part photographed, taped, videotaped, and/or recorded during the duration of being enrolled as a student, and after the student may leave Oneida Baptist Institute, and therefore to circulate the same in all forms and media for art, advertising, trade, competition, of every description and/or any other lawful purpose and/or approve the finished product or products or the edited promotional or printed copy or soundtrack that may be used in connection therewith and any right that I may have to control the use to which said product, products, copy and/or soundtrack may be applied. The participant discharges and agrees to save harmless the Oneida Baptist Institute, its licensees, successors, legal representatives and assignees from any liability by virtue of any blurring, distortion, alteration, optical illusion or use in composite form whether intentional or otherwise, that may occur or to be produced in the making, processing, duplication, projecting or displaying of said images, and from liability for violation of any personal or proprietary right that I may have in connection with said images and with the use thereof.

### DRUG TESTING POLICY

We are very much aware of the effects drugs/alcohol have on today's youth. Many young people who currently use drugs/alcohol really do not want to, but seem powerless when they are in and with the wrong peer group. Because of our concern for the destruction drugs/alcohol can bring in the lives of young people, all students will be subject to drug/alcohol testing. Any student who is asked to be tested and refuses, will be expelled. The purpose of this testing is two-fold; many of those students who may have been using drugs/alcohol in the past, have told us it would give them **more courage to say "No"** if they could tell their peer group, "I may get tested for drugs/alcohol and I can't afford to get expelled." Secondly, for those who enroll in our school who have had a history of using drugs/alcohol but have promised not to use drugs/alcohol in the future, this will help motivate them to stay off drugs/alcohol. It will also help us to eliminate those students who refuse to stop using drugs/alcohol. We have no desire to exclude students from the opportunities Oneida Baptist Institute has to offer. Neither do we desire to ignore the drug/alcohol problems facing our youth and the vast majority of all schools. We hope this policy will encourage students to avoid the consequences of drug/alcohol use.

I have read the above regulations and agree to abide by them, and any and all rules prescribed by OBI, and understand that I may be asked to withdraw for any infraction thereof.

\_\_\_\_\_  
Student's Signature

I agree to pay up to \$75.00 accessory/equipment fee (for cleats, caps, warm-up suits, team shoes, etc.) for each sports season (possible three) if my child chooses to participate in the athletic program.

I agree for my child to be governed by the above regulations, and any other regulations that may be necessary, as determined by the Oneida staff, to maintain the quality and sustain the Christian atmosphere of Oneida Institute. **I understand OBI has the absolute and final authority to dismiss my child, and I agree to have my child off the campus within 24 hours of being notified of dismissal for whatever reason, financial or otherwise.**

Parent's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

OBI normally accepts students in grades 6-12 who are mentally, physically, and emotionally able to be away from their families, are capable of living harmoniously with other students their age, and have a sincere desire to attend OBI and follow its regulations. Enrollment will not be affected by race, nationality, or religious preference—except as stated in rule one on reverse.

**WORK/FARM PROGRAM EQUIPMENT PERMISSION**



Oneida's program is one that prepares young people to live life, not just receive a diploma. That involves comprehensive academic preparation, athletics, cocurricular activities, and daily worship. Learning to work, developing good work habits, and taking pride in doing a job well are also important in a young person's training.

Therefore, I give my consent for (Student's name) \_\_\_\_\_ to participate in Oneida's work program. I understand that students average one and one half hours of chores per day, four hours on weekends, and they may be asked to work some extra hours in an emergency or time of special need. I understand that "in-school suspension" means that my child will have chores to do during those hours he or she would normally be in class and may also work if staying on campus during scheduled homegoings. During "suspension" that involves missing class, I understand it is my child's responsibility to make-up his or her class work missed while serving suspension.

Depending on the chore to be done, I understand work may involve the use of brooms, mops, shovels, ladders, sickles, lawn mowers, weed eaters, hand tools, power tools, various kitchen appliances, and various other pieces of equipment. I understand my child may be riding on trailers, wagons, etc. or in a farm truck. I give my permission for my child to work with same and a variety of other tools.

Additionally, I understand my child may be instructed in the operation, or assist in the operation of tractors, combines, mowers of all types and other power and non-power tools and mechanized equipment that is used in the farming of lands of the Oneida Baptist Institute.

I also grant permission, under the same terms, for the above named student to operate, use and assist in the operation of tractors, mowers, bush-hogs, and other mechanized and/or power tools as a part of the Oneida Baptist Institute Work Program.

I also grant permission for the above named student to be instructed to work with the various classes of livestock that may be found on the Oneida Baptist Institute farm.

To operate mechanized farm equipment such as tractors, according to school policy, a student must meet the following criteria:

- 1. Be eighteen (18) years of age, in which case a valid driver's permit or driver's license is not required.
- or
- 2. Be sixteen (16) years of age and possess a valid driver's permit or driver's license.

I do testify by this instrument that I will not hold the Oneida Baptist Institute nor its employees responsible for accidents or liabilities incurred in the afore-mentioned operations and that I am the legal parent/guardian for the above named student.

Parent's or Guardian's **Signature** \_\_\_\_\_

Date \_\_\_\_\_

Sworn to and subscribed before me the _____ day of _____, _____.	
_____ NOTARY PUBLIC - STATE AT LARGE	
My commission expires: _____.	(SEAL)

# ONEIDA BAPTIST INSTITUTE



The Oneida Baptist Institute provides numerous health services for students as well as employees. One of these services is pest control. A recent change in state regulations now requires school personnel to provide a twenty-four (24) hour notice prior to any pest control application made on school property. This information is available to all parents and employees requesting it. This is to advise you that at the beginning of each school year there will be an opportunity for all parents and employees to be placed on a calling/ mailing list for notification of pest control applications. If you wish to receive this notification, please complete the following information and return it to Oneida Baptist Institute.

## Pest Control Notification Request

\_\_\_\_\_ **YES**, I want 24 hours notice each time you're going to use pest control products.

\_\_\_\_\_ **NO**, I do not wish to be notified each time you're going to use pest control products.

Student's name: \_\_\_\_\_

Parent/Guardian's name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian's signature: \_\_\_\_\_



# Authorization for Student Sign-Out

Student's Name \_\_\_\_\_

Date \_\_\_\_\_

The following is a list of authorized people who may pick up the above listed student for an approved homegoing, scheduled break, weekend visit, emergency, social event, or for reasons of expulsion. To keep this information updated, this form **must be completed each year** when the student is re-enrolled.

**Please include each parent, step-parent, grandparent, etc.** who may have an occasion to pick up the student. **Every time** this list is updated, **all** the information requested must be included on each person listed. Forms from the previous year will **not** be used. We must have at least two people listed who do not live at the same address.

This information is just one more way to help Oneida protect students. At the time this student is signed out, OBI may ask for picture identification. Please make everyone who is on this list aware of OBI's procedure to avoid confusion.

I hereby authorize any of the listed names to pick up my child from Oneida Baptist Institute. I understand I will **not** be contacted at the time my child is signed out. I also understand that my signature on the "General Permission Form" gives OBI personnel permission to sign out my child with the approval of the Dean of Students.

Parent/Guardian Signature \_\_\_\_\_

1. **Father/Guardian** \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Driver's License # \_\_\_\_\_ Phone # \_\_\_\_\_

E-mail address \_\_\_\_\_

2. **Mother/Guardian** \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Driver's License # \_\_\_\_\_ Phone # \_\_\_\_\_

E-mail address \_\_\_\_\_

3. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Driver's License # \_\_\_\_\_ Phone # \_\_\_\_\_

**Please list additional names and information on the back of this form.**

(over)

4. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Driver's License # \_\_\_\_\_ Phone # \_\_\_\_\_

5. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Driver's License # \_\_\_\_\_ Phone # \_\_\_\_\_

6. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Driver's License # \_\_\_\_\_ Phone # \_\_\_\_\_

7. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Driver's License # \_\_\_\_\_ Phone # \_\_\_\_\_

8. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Driver's License # \_\_\_\_\_ Phone # \_\_\_\_\_

9. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Driver's License # \_\_\_\_\_ Phone # \_\_\_\_\_

10. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Driver's License # \_\_\_\_\_ Phone # \_\_\_\_\_

11. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Driver's License # \_\_\_\_\_ Phone # \_\_\_\_\_