Independent Baptist Academy
CLINTON, MARYLAND

Dear Parents:

Thank you for considering Independent Baptist Academy (IBA). Independent Baptist Academy is a ministry of Independent Baptist Church. We are a Christian school that is designed to meet the needs of families who desire a Christian education for their children. Applications for grades K5 through 6th grade are accepted from families who are actively involved in a church. Applications for grades 7th – 12th are accepted from families who are actively involved in our church or another church of like faith and practice.

The philosophy of our school is two-fold. First, it is to teach young people "how to live." The Bible is our standard and textbook in this area; and we seek to build Godly character by teaching our young people to be honest, hard-working, trustworthy, and obedient. Secondly, we seek to teach our young people "how to make a living." We strive for high academic standards and seek to provide our young people with the basic education they need. Our school also has high standards in the areas of conduct and dress.

Independent Baptist Academy was established in 1973. We use a traditional classroom approach, utilizing the *Abeka* curriculum.

Independent Baptist Academy believes in close parent/teacher relationships through written and oral communication. Through our Gradelink program parents have live access to their students grades and behavioral notes. We also use mid-quarter progress reports and parent teacher fellowships to keep parents constantly informed.

T. Michael Creed
Pastor

Phone: (301) 856-1616
Fax: (301) 856-8234
Email: iba@ibcministries.org

Mr. Garrett Greene, Principal
T. Michael Creed, Pastor
www.ibaclinton.com

9255 Piscataway Road
P.O. Box 206
Clinton, MD 20735

Independent Baptist Academy
CLINTON, MARYLAND

Please enroll my child for the 2026-2027 school year in the grade indicated below. I understand that in order to have my application considered, I must attend a tour and New Parent interview, then submit a **non-refundable** registration fee**.** I also understand that Independent Baptist Academy reserves the right to accept or decline enrollment of my child.

_____ _____

(Parent's Signature) (Date)

Student's Name _____
(Last First Middle)

Child Resides with: ☐ Mother ☐ Father ☐ Both

Home Address _____ Grade Next Year _____

City/State/Zip _____ Date of Birth (/ /)

Home Phone ( ) _____ Birth Place _____

Father's Name _____ Mother's Name _____

Home Address _____ Home Address _____

City/State/Zip _____ City/State/Zip _____

Home Phone _____ Home Phone _____

Work Phone _____ Work Phone _____

Cell Phone _____ Cell Phone _____

Email Address _____ Email Address _____

Will your child need the following fee-based options? ☐ Early Stay ☐ Late Stay

- K5 – 6th Grade: Name of church in which you are actively involved
- 7th – 12th Grade: Name of church of like faith and practice in which you are actively involved

Church Name: _____

Address: _____

City/State/Zip: _____

Pastor's Name: _____

Church Phone #: _____

Phone: (301) 856-1616
Fax: (301) 856-8234
Email: iba@ibcministries.org

Mr. Garrett Greene, Principal
T. Michael Creed, Pastor
www.ibaclinton.com

9255 Piscataway Road
P.O. Box 206
Clinton, MD 20735

Academic History

Name and Complete Address of Previous School Attended: _____

What was last grade completed by the applicant_____ Date completed _____

Has applicant failed any grade(s)? **Yes / No** If so, which grade(s)?

Has applicant ever been in a special needs school or class? **Yes / No** If yes, please explain below. If the applicant has a current IEP, a copy must be provided to the school office with the application. Students with an IEP will not have their applications considered until IBA receives a copy of their IEP.

Please explain any physical, emotional, or academic limitations applicant might have.

Has applicant ever had any discipline problems in school? **Yes / No** If so, please explain why.

Please explain any dismissals or suspensions from previous school.

The school has permission to contact the family physician in case of an emergency:

_____ _____

(Name of Physician) (Phone)

Name of Insurance Carrier: _____ Group/ID #:_____

_____

Is your child allergic to bee stings? _____Yes _____ No

Is your child allergic to another item? If so, please indicate what? _____

Does your child regularly take medication? Please list: _____

_____

Does your child have permission to take Tylenol from the school office? Yes ☐ No ☐

☐ **Children's** ☐ **Junior** ☐ **Adult**

STATEMENT OF FAITH

The basis for Independent Baptist Academy can be found in the Word of God interpreted by the following nine essentials:

1. We believe in the verbal inspiration and authority of the Scriptures. The King James Version of the Bible reveals God, the fall of man, the way of salvation, and God's plan and purpose for the ages. *Note: All students must use a KJV Bible.*
2. We believe there is one God, eternally existent in three persons: Father, Son, and Holy Spirit.
3. We believe in the Deity and Virgin Birth of our Lord Jesus Christ, in His sinless life, in His miracles, in His vicarious and atoning death through His shed blood, in His bodily resurrection, and His ascension to the right hand of the Father.
4. We believe in the visible, personal, and pre-millennial return of Jesus Christ.
5. We believe that salvation is "by grace" plus or minus nothing. The conditions to salvation are repentance and faith in Jesus Christ.
6. We believe that man is sinful and thereby separated from God. He is justified by faith alone and accounted righteous before God only through the merit of our Lord and Savior, Jesus Christ.
7. We believe in the resurrection of both the saved and the lost: the saved unto the resurrection of life and the lost unto the resurrection of damnation.
8. We believe in the eternal security of the believer in Christ.
9. We believe in the local church with the ordinances of baptism by immersion and the Lord's Supper.

MISSION AND PURPOSE OF IBA

Our goal is to assist parents and the church, by providing a quality, Christian education for young people that will encourage them to receive Jesus Christ as their personal Saviour and will motivate them to commit their lives to stand for Him in today's world.

COMMITMENT OF IBA

We are committed to families. We are privileged to serve God's creation, the family, and to assist parents in training their children.

We are committed to maintaining a safe and secure environment for our children and to challenge them daily in the Word of God.

We are committed to churches. We affirm the mission of a Bible-believing church, and of discipling people for Christ. We support local churches by encouraging loyalty to their ministries and by emphasizing the value of the life spent in the Gospel ministry in all of its facets.

We are committed to our students. We are bound by love to watch for their souls, to train our students in truth and righteousness, to protect and prepare them, to show them the way of salvation in Jesus Christ, to convey a Biblically-based and quality education, to demonstrate the Christian life in our words and actions, and to imitate the love of God in our relationships with them.

We are committed to our faculty. We are committed to provide an environment that allows them to minister freely and effectively, to encourage and honor excellence in the classroom, and to support their work with prayer and materials that will assist them in their efforts to strengthen their ministries.

We are committed to our alumni. Independent Baptist Academy owes a great debt to its past graduates, and we are committed to keeping their Alma Mater one they can claim with pride. To this end we pledge to hold fast the principles and heritage that have made the reputation of this school, while at the same time refuse to remain idle in the pursuit of excellence.

We are committed to our community. As long as we are in the world, our name will be associated with honesty and integrity in our performance, concern for and submission to civil authority, and educated citizens who will make positive contributions to society in their role as salt of the earth. We will strive to present a testimony that will not shame the name of our Lord Jesus Christ.

PARENT STATEMENT OF COOPERATION

Parents of students at Independent Baptist Academy must agree to the following statements:

1. I have read the Statement of Faith and I am willing to have my child trained according to it. I commit to pray for the school and its leaders.

2. I realize it is the function of the school to assist parents in carrying out their God-given responsibilities in rearing their children.

3. I am aware that my cooperation is expected in regular tuition payments. If I am ever unable to pay on time, I will notify the school office giving a reasonable explanation for the delay, and state when the payment can be made.

4. I give permission for my child to take part in all school activities, including school-sponsored trips away from the school premises. I absolve the school from all liability in the event that my child is injured during any school activity or at school. I am aware that for me to chaperone field trips, I must adhere to the school's dress code.

5. I know that the school is the final authority on all matters of dress and grooming, and I agree to help the school enforce its dress code by sending my child(ren) to school dressed and groomed according to the dress code.

6. If I feel I am at odds with IBA's school polices, I promise to go directly to the school office and seek to resolve the matter right away. If I do not agree with the policies in the handbook, specifically the discipline system, I will not try to change the policies, but will withdraw my child quietly and without delay.

7. I realize that the school has full discretion in the discipline of my child while he/she is under the supervision of the school. I understand, and concur with, the discipline steps of the school. I also realize the school will administer no form of corporal discipline.

8. If for any reason my child does not respond favorably to the discipline and academic systems of the academy, I will not try to change the school to fit his/her needs, but will withdraw my child quietly, and without delay.

9. I recognize that the administration has full responsibility for placing my child in the proper grade.

10. Realizing tardies disrupt the class, embarrass the child, and cause him to get behind in his morning work, I will strive to be on time except in an emergency. Realizing any absence from school hinders my child's academic progress, I will only allow him/her to miss school in times of emergency, illness, or doctor's appointments.

11. I know that the administration reserves the right to withdraw any student from Independent Baptist Academy at any time, in the event the actions of the child or parent causes the administration to question the integrity of the student or parent.

Father's Signature _____ Date_____

Mother's Signature _____ Date_____

Student's Name: _____ Grade _____

INDEPENDENT BAPTIST ACADEMY
EMERGENCY CARE FORM/AUTHORIZED PICK-UP LIST

Please fill out the emergency information below and return to the school with your enrollment package. This information is kept on file in the school office and is necessary in the event of an emergency. Names of legal guardians should precede other designated persons respectively. If you do not have a telephone, please give a number where you can be reached in case your child should become ill or have an accident at school.

NOTE: A child must bring a note from the doctor and/or a signed note from one of his/her parents to take or use medicine of any kind: prescription and over the counter. While staff and teachers will dispense medications according to prescribed dosages, along with written parental authorization, they cannot be held liable since they are not qualified medical personnel.

_____ _____

(Signature of Parent or Guardian) (Date Signed)

Child's Name: _____ Date of Birth: _____

(Last Name) (First)

Address: _____

_____

1. _____ Home Phone: _____

(Last name of Father) (First) Work Phone: _____

Cell Phone: _____

1. _____ Home Phone: _____

(Last name of Mother) (First) Work Phone: _____

Cell Phone: _____

People authorized by parent(s) to pick-up child from school or to contact in case of emergency:
(Please use back if necessary)

1. _____ Relationship to Child: _____

(First Name/Last Name) Home Phone: _____

Work Phone: _____

Cell Phone: _____

2. _____ Relationship to Child: _____

(First Name/Last Name) Home Phone: _____

Work Phone: _____

Cell Phone: _____

3. _____ Relationship to Child: _____

(First Name/Last Name) Home Phone: _____

Work Phone: _____

Cell Phone: _____

People authorized by parent(s) to pick-up child from school or to contact in case of emergency:

4. _____ Relationship to Child: _____
(First Name/Last Name) Home Phone: _____
Work Phone: _____
Cell Phone: _____

5. _____ Relationship to Child: _____
(First Name/Last Name) Home Phone: _____
Work Phone: _____
Cell Phone: _____

6. _____ Relationship to Child: _____
(First Name/Last Name) Home Phone: _____
Work Phone: _____
Cell Phone: _____

7. _____ Relationship to Child: _____
(First Name/Last Name) Home Phone: _____
Work Phone: _____
Cell Phone: _____

8. _____ Relationship to Child: _____
(First Name/Last Name) Home Phone: _____
Work Phone: _____
Cell Phone: _____

9. _____ Relationship to Child: _____
(First Name/Last Name) Home Phone: _____
Work Phone: _____
Cell Phone: _____

10. _____ Relationship to Child: _____
(First Name/Last Name) Home Phone: _____
Work Phone: _____
Cell Phone: _____

Independent Baptist Academy
CLINTON, MARYLAND

Dear Parents,

All students are required by the Maryland Department of Health and Mental Hygiene to have an updated shot record in the school office.

ALL students who will be enrolling in school for the 2026-2027 school year must receive two (2) doses of the Varicella (Chicken Pox) Vaccine.

In addition, all students who will be enrolling in **Grade 7** are required to receive a ***single dose of the TDaP*** (Tetanus, Diphtheria and Pertussis) vaccine and ***a single dose of the Meningococcal*** (Meningitis) vaccine.

The enclosed form, or a form provided by your doctor's office, must be used to get an updated shot record for your student. Please submit an updated shot record or exemption form to the school office along with all other records that have been requested.

Students have twenty (20) calendar days after the start of the 2026-2027 school year to present medical verification of receiving the required vaccinations or of a medical or religious exemption. In the event the documentation is not presented, the student will not be allowed in school until the required records have been provided.

Students will not be able to attend school unless updated records are turned into the academy office.

Your help in this matter is greatly appreciated.

Sincerely,

T. Michael Creed
Pastor

Phone: (301) 856-1616
Fax: (301) 856-8234
Email: iba@ibcministries.org

Mr. Garrett Greene, Principal
T. Michael Creed, Pastor
www.ibaclinton.com

9255 Piscataway Road
P.O. Box 206
Clinton, MD 20735

How To Use This Form

The medical provider that gave the vaccinations may record the dates (using month/day/year) directly on this form (check marks are not acceptable) and certify them by signing the signature section. Combination vaccines should be listed individually, by each component of the vaccine. A different medical provider, local health department official, school official, or child care provider may transcribe onto this form and certify vaccination dates from any other record which has the authentication of a medical provider, health department, school, or child care service.

Only a medical provider, local health department official, school official, or child care provider may sign 'Record of Immunization' section of this form. This form may not be altered, changed, or modified in any way.

Notes:

1. When immunization records have been lost or destroyed, vaccination dates may be reconstructed for all vaccines except **varicella, measles, mumps, or rubella.**
2. Reconstructed dates for all vaccines must be reviewed and approved by a medical provider or local health department no later than 20 calendar days following the date the student was temporarily admitted or retained.
3. Blood test results are NOT acceptable evidence of immunity against diphtheria, tetanus, or pertussis (DTP/DTaP/Tdap/DT/Td).
4. Blood test verification of immunity is acceptable in lieu of polio, measles, mumps, rubella, hepatitis B, or varicella vaccination dates, but **revaccination may be more expedient**.
5. History of disease is NOT acceptable in lieu of any of the required immunizations, except varicella.

Immunization Requirements

The following excerpt from the MDH Code of Maryland Regulations (COMAR) 10.06.04.03 applies to schools:

"A preschool or school principal or other person in charge of a preschool or school, public or private, may not knowingly admit a student to or retain a student in a:

(1) Preschool program unless the student's parent or guardian has furnished evidence of age-appropriate immunity against Haemophilus influenzae, type b, and pneumococcal disease;

(2) Preschool program or kindergarten through the second grade of school unless the student's parent or guardian has furnished evidence of age-appropriate immunity against pertussis; and

(3) Preschool program or kindergarten through the 12th grade unless the student's parent or guardian has furnished evidence of age-appropriate immunity against: (a) Tetanus; (b) Diphtheria; (c) Poliomyelitis; (d) Measles (rubeola); (e) Mumps; (f) Rubella; (g) Hepatitis B; (h) Varicella; (i) Meningitis; and (j) Tetanus-diphtheriaacellular pertussis acquired through a Tetanus-diphtheria-acellular pertussis (Tdap) vaccine."

Please refer to the "**Minimum Vaccine Requirements for Children Enrolled in Pre-school Programs and in Schools**" to determine age-appropriate immunity for preschool through grade 12 enrollees. The minimum vaccine requirements and MDH COMAR 10.06.04.03 are available at www.health.maryland.gov. (Choose Immunization in the A-Z Index)

Age-appropriate immunization requirements for licensed childcare centers and family day care homes are based on the Department of Human Resources COMAR 13A.15.03.02 and COMAR 13A.16.03.04 G & H and the **"AgeAppropriate Immunizations Requirements for Children Enrolled in Child Care Programs"** guideline chart are available at www.health.maryland.gov. (Choose Immunization in the A-Z Index)

MARYLAND DEPARTMENT OF HEALTH IMMUNIZATION CERTIFICATE

STUDENT/SELF NAME: _____
LAST FIRST MI

STUDENT/SELF ADDRESS: _____ CITY: _____ ZIP: _____

SEX: MALE ☐ FEMALE ☐ OTHER ☐ BIRTH DATE: _____/_____/_____

COUNTY: _____ SCHOOL: _____ GRADE: _____

FOR MINORS UNDER 18:

PARENT/GUARDIAN NAME: _____ PHONE #: _____

#	DTP-DTaPDT Mo/Day/Yr	Polio Mo/Day/Yr	Hib Mo/Day/Yr	Hep B Mo/Day/Yr	PCV Mo/Day/Yr	Rotavirus Mo/Day/Yr	MCV Mo/Day/Yr	HPV Mo/Day/Yr	Hep A Mo/Day/Yr	MMR Mo/Day/Yr	Varicella Mo/Day/Yr	Varicella Disease Mo / Yr	COVID-19 Mo/Day/Yr	
1	DOSE #1	DOSE #1	DOSE #1	DOSE #1	DOSE #1	DOSE #1	DOSE #1	DOSE #1	DOSE #1	DOSE #1	DOSE #1	DOSE #1	DOSE #1	DOSE #6
2	DOSE #2	DOSE #2	DOSE #2	DOSE #2	DOSE #2	DOSE #2	DOSE #2	DOSE #2	DOSE #2	DOSE #2	DOSE #2		DOSE #2	DOSE #7
3	DOSE #3	DOSE #3	DOSE #3	DOSE #3	DOSE #3	DOSE #3	DOSE #3	DOSE #3	Td Mo/Day/Yr	Tdap Mo/Day/Yr	MenB Mo/Day/Yr	Other Mo/Day/Yr	DOSE #3	DOSE #8
4	DOSE #4	DOSE #4	DOSE #4	DOSE #4	DOSE #4				DOSE #1	DOSE #1	DOSE #1	DOSE #1	DOSE #4	DOSE #9
5	DOSE #5			DOSE #5					DOSE #2	DOSE #2	DOSE #2	DOSE #2	DOSE #5	DOSE #10
									DOSE #3		DOSE #3			

To the best of my knowledge, the vaccines listed above were administered according to the provided information in Maryland's Immunization Information System.

Clinic / Office Name
Office Address/ Phone Number

1. _____
Signature Title Date
(Medical provider, local/state health department official, school official, or child care provider only)

2. _____
Signature Title Date

3. _____
Signature Title Date

Signature lines 2 and 3 are for certification of vaccines given after the initial signature. Otherwise, this form may not be altered.

COMPLETE THE APPROPRIATE SECTION BELOW IF THE CHILD IS EXEMPT FROM VACCINATION ON MEDICAL OR RELIGIOUS GROUNDS. ANY VACCINATION(S) THAT HAVE BEEN RECEIVED SHOULD BE ENTERED ABOVE.

MEDICAL CONTRAINDICATION:

Please check the appropriate box to describe the medical contraindication.

This is a: ☐ Permanent condition OR ☐ Temporary condition until _____/_____/_____
Date

The above child has a valid medical contraindication to being vaccinated at this time. Please indicate which vaccine(s) and the reason for the contraindication, _____

Signed: _____ Date: _____
Medical Provider / LHD Official

RELIGIOUS OBJECTION:

I am the parent/guardian of the child identified above. Because of my bona fide religious beliefs and practices, I object to any vaccine(s) being given to my child. This exemption does not apply during an emergency or epidemic of disease.

Signed: _____ Date: _____

Independent Baptist Academy
CLINTON, MARYLAND

Dear Parents,

We, at Independent Baptist Academy, are working hard to make our school the best it can be! In doing so, we have flyers made throughout the year for advertising purposes, we post pictures on Facebook of field trips and sporting events, we post pictures on our website (ibaclinton.com) of the students, and other advertising as well.
We are requesting your permission to post your child's picture or use it in documentation for IBA advertising purposes. Please mark the appropriate box, sign and date this permission sheet below. This document needs to be turned into the office prior to the start of the school year.
We need a separate consent form for **each** child. If you have any questions or concerns, please do not hesitate to ask.

Thank you so much,

T. Michael Creed
Pastor



☐ I **am willing** to let my child's picture be used for advertising purposes.

☐ I **am NOT willing** to let my child's picture be used for advertising purposes.

Child's Name _____ Date _____

Parent's Signature_____ Date_____

Phone: (301) 856-1616
Fax: (301) 856-8234
Email: iba@ibcministries.org

Mr. Garrett Greene, Principal
T. Michael Creed, Pastor
www.ibaclinton.com

9255 Piscataway Road
P.O. Box 206
Clinton, MD 20735

Independent Baptist Academy
CLINTON, MARYLAND

REGISTRATION FEE
This fee includes student school insurance. The registration fee is due with the application and is non-refundable.
First child: $200.00 Each additional child: $ 150.00

TUITION
Tuition may be paid in full on August 1, or it will be divided into 10 equal monthly payments.

Number of Children	10 Month Payment Plan	Yearly Payment
1	$700	$7,000
2	$1,250	$12,500
3	$1,750	$17,500
4	$2,200	$22,000
5	$2,600	$26,000

TESTING FEE: A $45.00 fee is due prior to testing for all new students in grades K5 through 12th.

MATERIAL/TECHNOLOGY AND ACTIVITY FEE
A material/technology and activity fee for the entire school year is due on July 1. The fee includes textbooks, tests, study supplies, digital learning aids, iPad maintenance, School Security, the Year End Carnival and class field trips.

K5 – 6th: $450.00 7th – 12th: $500.00

SCHOOL SUPPLY FEE
$50 per student – covers the cost of all school supplies other than a backpack, lunchbox, water bottle and King James Bible

EARLY STAY/LATE STAY
The Early Stay program runs from 7:00 – 8:00 A.M. each school morning.
The Late Stay program runs from 3:30 – 5:30 P.M. each afternoon. The cost for these services is itemized below.

	Per Use:	Discounted Monthly Rate:
Early Stay only	$10.00/hour	$125/month
Late Stay only	$10.00/hour	$250/month

A late fee of $10.00 and $1.00 per student per minute will be charged for each student not picked up by 5:30 P.M.

SPORTS
Sports' fees are $150.00 per sport. (Including sporting events simultaneously scheduled.) This fee covers the cost of referees, gas for away games and the sports banquet.

KINDERGARTEN
Graduation Fee: $50.00 will be added to your January bill.

All fees are subject to change at the discretion of the academy.

Phone: (301) 856-1616
Fax: (301) 856-8234
Email: iba@ibcministries.org

Mr. Garrett Greene, Principal
T. Michael Creed, Pastor
www.ibaclinton.com

9255 Piscataway Road
P.O. Box 206
Clinton, MD 20735

INDEPENDENT BAPTIST ACADEMY

2026 – 2027 School Year (Dates are subject to change)

AUGUST 2026

August 6-13	**Teacher Orientation**
August 13	**K5-12th Grade Parent/Student Orientation, Thursday @ 6:00 pm**
August 17	**First Day of School**

SEPTEMBER 2026

September 1-4	**School Revival**
September 7	**NO SCHOOL: Labor Day**
September 18	**First Quarter Progress Reports**
September 25	**IBA Grandparent's Day**
September 29-30	**School Pictures**

OCTOBER 2026

October 12-16	**7th- 12th Grade First Quarter Exams**
October 22	**Honor Roll Assembly**
October 29	**Picture Retakes**
October 30	**NO SCHOOL: Annual IBC/IBA Staff Training**

NOVEMBER 2026

November 6-7	**Soccer/Volleyball Tournament**
November 11	**NO SCHOOL: Veteran's Day**
November 13	**Second Quarter Progress Reports**
November 23	**Thanksgiving Program**
November 25-27	**NO SCHOOL: Thanksgiving Break**

DECEMBER 2026

December 14-17	**7th-12th Grade Semester Exams**
December 18	**Christmas Parties** (School closes at Noon, no Late Stay)
Dec 21-Jan 1	**NO SCHOOL: Christmas Break**

JANUARY 2027 – Missions Month

January 4	**NO SCHOOL: Teacher In-Service**
January 5	**School Resumes**
January 5	**Re-Enrollment begins for 2027-2028 School Year**
January 8	**Honor Roll Assembly**
January 15	**Winter Pine Car Derby**
January 18	**NO SCHOOL: Martin Luther King Jr. Day**
January 29	**Third Quarter Progress Reports**

FEBRUARY 2027

February 5	**Fine Arts In-House** (Spelling, Bible Memory, Arts and Crafts Due)
February 15	**NO SCHOOL: Presidents Day**

MARCH 2027

March 1-5	**7th-12th Grade Third Quarter Exams**
March 8-12	**NO SCHOOL: Spring Break**
March 19	**Honor Roll Assembly**
March 26-29	**NO SCHOOL: Easter Break**

APRIL 2027

April 9	**Fourth Quarter Progress Reports**
April 9	**Achievement Testing-** Practice test
April 12-16	**K5-11th Achievement Testing**
April 22	**Fine Arts – Art Projects Judged**
April 23	**Fine Arts – Platform Performances**
April 28	**Administrative Professionals Day**
April 30	**Principal Appreciation Day**

MAY 2027

May 3	**Music Recital**
May 4	**Sport's Banquet**
May 4	**National Teacher Appreciation Day**
May 14	**Kindergarten Program and Graduation, 10:00 am**
May 12-14	**7th-12th Grade Final Exams**
May 17	**End of Year Awards Ceremony, 1:30 pm** (No Late Stay)
May 18	**End of Year Carnival, 8:30 am – 1:00 pm.** (No Early or Late Stay)
May 19	**High School Graduation, 6:30 pm**
May 20-21	**Teacher In-Service**

FRENCH TOAST® SCHOOLBOX



French Toast Schoolbox is proud to partner with Independent Baptist Academy

Your web store is now open!

Check out the uniform options available for your student by going to:

FrenchToastSchoolbox.com

To begin shopping, select “Shop by School” and search by **Independent Baptist Academy or School Code: QS4T4S**

Your school will receive a 5% contribution on all qualified product purchases.

Orders $100 or more get free shipping!

Look for special savings in your web store – and sign up on our homepage to have coupon codes emailed to you.

Any questions?

Reach out to your dedicated French Toast Schoolbox Customer Service Team at 800-636-3104.