

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 twelfth grade are accepted from families who are actively involved in our church or another church.

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. Christian publishers such as *ABeka Books*, a ministry of Pensacola Christian College, and Bob Jones University Press publish most of the textbook materials used in our school.

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.

Mr. Andrew Fridenstine,
Principal



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

Mr. Andrew Fridenstine, 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 2024-2025 school year in the grade indicated below. I understand that in order to have my application considered, I must 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)

INSTRUCTIONS

1. Please complete one form per child.
2. Attach a separate payment for each form completed.

Student's Name _____

(Last

First

Middle) _____

Child Resides with: Mother Father Both

Home Address _____

City/State/Zip _____

Home Phone () _____

Grade Next Year _____

Date of Birth (/ /) _____

Birth Place _____

Father's Name _____

Home Address _____

City/State/Zip _____

Home Phone _____

Work Phone _____

Cell Phone _____

Email Address _____

Mother's Name _____

Home Address _____

City/State/Zip _____

Home Phone _____

Work Phone _____

Cell Phone _____

Email Address _____

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

Name of church you attend _____	
Attendance is: <input type="checkbox"/> Faithful <input type="checkbox"/> Occasional <input type="checkbox"/> Seldom	
Address _____	
City/State/Zip _____	
Pastor's Name: _____	Church Phone # _____



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 other 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 of the 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 realize it is the function of the school to assist parents in carrying out their God-given responsibilities in rearing their children.
2. I recognize that the administration has full responsibility for placing my child in the proper grade.
3. 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.
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 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.
6. If I feel I am at odds with IBA's school policies, 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. 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.
10. 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.
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 2024-2025 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 to the school office along with all other records that have been requested. A list of all the shot requirements for each age group is attached.

Students have twenty (20) calendar days after the start of the 2024-2025 school year to present medical verification of receiving the required vaccinations. 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,

Andrew Fridenstine
Principal



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

Mr. Andrew Fridenstine, 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 directly on this form (check marks are not acceptable) and certify them by signing the signature section. Combination vaccines should be listed individually, per 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 DHMH 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 influenza, 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; and (h) Varicella."

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 DHMH COMAR 10.06.04.03 are available at www.EDCP.org (Immunization).

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 & Hand the "Age-Appropriate Immunizations Requirements for Children Enrolled in Child Care Programs" guideline chart are available at www.EDCP.org (Immunization).

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE IMMUNIZATION CERTIFICATE

CHILD'S NAME

_____ LAST _____ FIRST _____ MI _____

SEX: MALE FEMALE BIRTHDATE ____ / ____ / ____

COUNTY _____ SCHOOL _____ GRADE _____

PARENT NAME _____ PHONE NO. _____

OR GUARDIAN ADDRESS _____ CITY _____ ZIP _____

RECORD OF IMMUNIZATIONS (See Notes On Other Side)

Vaccines T()e

Dose#	DTP-DTaP-DT Mo/Day/Yr	Polio Mo/Day/Yr	Hib Mo/Day/Yr	HepB Mo/Day/Yr	PCV Mo/Day/Yr	Rotavirus Mo/Day/Yr	MCV Mo/Day/Yr	HPV Mo/Day/Yr	Dose #	HepA Mo/Da/Yr	MMR Mo/Day/Yr	Varicella Mo/Day/Yr	History of Varicella Disease Mo/Yr
1									1				
2									2				
3										Td Mo/Day/Yr	Tdap Mo/Day/Yr	FLU Mo/Day/Yr	Other
4										---	---	---	---
5										---	---	---	---

To the best of my knowledge, the vaccines listed above were administered as indicated.

Clinic / Office Name
Office Address/ Phone Number

- Signature _____ Title _____ Date _____
(Medical provider, local health department official, school official, or child care provider only)
- Signature _____ Title _____ Date _____
- Signature _____ Title _____ Date _____

Lines 2 and 3 are for certification of vaccines given after the initial signature.

LOST OR DESTROYED RECORDS: (Must be reviewed and approved by a medical provider or the local health department. See notes) I

hereby certify that the immunization records of this child have been lost, destroyed or are unobtainable.

Signed: _____ Date: _____
Parent or Guardian

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

MEDICAL CONTRAINDICATION:

The above child has a valid medical contraindication to being immunized at this time.

This is a permanent condition temporary condition until ____/____/____

Check appropriate box, indicate vaccine(s) and reasons: _____

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 immunizations 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 as soon as possible.

We need a separate sheet for **each** child. If you have any questions or concerns, please do not hesitate to ask.

Thank you so much,

Andrew Fridenstine
Principal

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.

Childs Name _____ Date _____

Parent's Signature _____ Date _____



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

Mr. Andrew Fridenstine, 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 – New Students

This fee includes student school insurance. The registration fee is due with the application and is non-refundable.

First child: \$150.00 Each additional child: \$ 125.00

RE-ENROLLMENT FEE – Returning Students

First child: \$100.00 Each additional child: \$75.00

All re-enrollments received after January 31st will be accessed an ADDITIONAL fee of \$50.00



TUITION

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

<u>Grades K5 – 12</u>	<u>Number of Children</u>	<u>10 Month Payment Plan</u>	<u>Yearly Payment</u>
	1	\$670.00	\$6,700.00
	2	\$1,150.00	\$11,500.00
	3	\$1,620.00	\$16,200.00
	4	\$2,040.00	\$20,400.00
	5	\$2,480.00	\$24,800.00

PAYMENT POLICIES

1. Tuition payments are due on the first of each month for ten consecutive months, **beginning August 1**.
2. Any payments not received by the tenth of each month will be assessed a \$60.00 late charge.
3. There is also a \$60.00 service charge for any check returned from the bank. Any account having a check returned will be placed on a cash or money order basis for the remainder of the school year.
4. If a past due payment has not been received by the tenth of the month, a child will not be allowed to attend school until his account has been brought up to date. No financial adjustment can be made because of absences.
5. Report cards and student files will not be released or forwarded for any child withdrawing from school until the balance of the school account has been paid.

TESTING FEE: A \$45.00 fee should be paid prior to testing for all new students in grades 1st through 12th.

MATERIAL/TECHNOLOGY FEES

A material/technology fee for the entire school year is due by July 1. The fee includes textbook rental, tests, study supplies, digital learning aids and iPad maintenance.

K5 – 6th: \$375.00

7th – 12th: \$425.00

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 – 6:00 P.M. each afternoon. The cost for these services is itemized below.

	Per Use:	Discounted Monthly Rate:
Early Stay only	\$8.00/hour	\$100/month
Late Stay only	\$8.00/hour	\$200/month

A late fee of \$10.00 for the first five minutes and \$1.00 per student per minute will be charged for each student not picked up by 6:00 P.M.

SPORTS

Sports' fees are \$150.00 per sport. (Including sporting events simultaneously scheduled.)

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. Andrew Fridenstine, Principal
T. Michael Creed, Pastor
www.ibaclinton.com

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



INDEPENDENT BAPTIST ACADEMY

2024 – 2025 School Year (Dates are subject to change)

AUGUST 2024

August 8-15
August 15

Teacher Orientation
K5-12th Grade Parent Orientation,
Thursday @ 6:45 pm
First Day of School
School Revival

August 19
August 26-30

SEPTEMBER 2024

September 2
September 13

NO SCHOOL: Labor Day
First Quarter Progress Reports

OCTOBER 2024

October 1-2
October 14-18
October 24
October 25

School Pictures
7th- 12th Grade First Quarter Exams
Honor Roll Assembly
NO SCHOOL: Annual IBC/IBA Staff
Meeting
Picture Retakes

October 31

NOVEMBER 2024

November 1-2
November 4
November 11
November 15
November 27-29

Soccer/Volleyball Tournament
Thanksgiving Program
NO SCHOOL: Veteran's Day
Second Quarter Progress Reports
NO SCHOOL: Thanksgiving Break

DECEMBER 2024

December 16-19
December 20

7th-12th Grades, Semester Exams
Christmas Parties (School closes at
Noon, no Late Stay)

Dec 23 – Jan 3

NO SCHOOL: Christmas Break

JANUARY 2025 – Missions Month

January 6
January 7
January 7

NO SCHOOL: Teacher In-Service
School Resumes
Re-Enrollment begins for 2025-2026
School Year

January 10
January 17
January 20

Honor Roll Assembly
Winter Pine Car Derby
NO SCHOOL: Martin Luther King Jr.
Day

January 31

Third Quarter Progress Reports

FEBRUARY 2025

February 7
February 17

Fine Arts Bible Quiz Teams
NO SCHOOL: Presidents Day

MARCH 2025

March 3 - 7
March 10-14
March 21
March 28

7th-12th Third Quarter Exams
NO SCHOOL: Spring Break
Honor Roll Assembly
Fine Arts In-House (Spelling, Bible
Memory, Arts and Crafts Due)

APRIL 2025

April 4
April 7 - 11
April 11
April 14
April 18 - 21
April 23
April 25
April 26

Achievement Testing- Practice
K5-11th Achievement Testing
Fourth Quarter Progress Reports
Fine Arts Spotlight Night, 6:30 pm
NO SCHOOL: Easter Break
Administrative Professionals Day
Fine Arts – Art Projects Judged
Fine Arts – Platform Performances

MAY 2025

May 1
May 6
May 16

Principal Appreciation Day
National Teacher Appreciation Day
Kindergarten Program and
Graduation, at 10:00 am
7th-11th Fourth Quarter Exams
High School Graduation at 6:30 pm
End of Year Awards Ceremony,
1:30 pm
End of Year Carnival, 8:30 am –
1:00 pm. (No Early or Late Stay)
Teacher In-Service Day

May 19-21
May 20
May 21

May 22

May 23

**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.

We look forward to serving you!