

# 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](mailto:iba@ibcministries.org)

Mr. Andrew Fridenstine, Principal  
T. Michael Creed, Pastor  
[www.ibaclinton.com](http://www.ibaclinton.com)

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



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Please enroll my child for the 2025-2026 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 \_\_\_\_\_  
 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:  Faithful  Occasional  Seldom

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Pastor's Name: \_\_\_\_\_ Church Phone # \_\_\_\_\_



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**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 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 2025-2026 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 2025-2026 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





# 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](http://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](http://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](http://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,

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.

Child's Name \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_



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— 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.

<b><u>Number of Children</u></b>	<b><u>10 Month Payment Plan</u></b>	<b><u>Yearly Payment</u></b>
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 12<sup>th</sup>.

## **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, the Year End Carnival and class field trips.

K5 – 6<sup>th</sup>: \$425.00

7<sup>th</sup> – 12<sup>th</sup>: \$475.00

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

	<b><u>Per Use:</u></b>	<b><u>Discounted Monthly Rate:</u></b>
Early Stay only	\$8.00/hour	\$125/month
Late Stay only	\$8.00/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 6:00 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.*



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# INDEPENDENT BAPTIST ACADEMY

2025 – 2026 School Year (Dates are subject to change)

## AUGUST 2025

August 7-14 Teacher Orientation  
 August 14 K5-12<sup>th</sup> Grade Parent/Student Orientation, Thursday @ 6:45 pm  
 August 18 First Day of School

## SEPTEMBER 2025

September 1 NO SCHOOL: Labor Day  
 September 2-5 School Revival  
 September 19 First Quarter Progress Reports  
 September 26 IBA Grandparent's Day  
 September 30-October 1 School Pictures

## OCTOBER 2025

October 13-17 7<sup>th</sup>- 12<sup>th</sup> Grade First Quarter Exams  
 October 23 Honor Roll Assembly  
 October 24 NO SCHOOL: Annual IBC/IBA Staff Training  
 October 30 Picture Retakes

## NOVEMBER 2025

October 31-November 1 Soccer/Volleyball Tournament  
 November 11 NO SCHOOL: Veteran's Day  
 November 14 Second Quarter Progress Reports  
 November 24 Thanksgiving Program  
 November 26-28 NO SCHOOL: Thanksgiving Break

## DECEMBER 2025

December 15-18 7<sup>th</sup>-12<sup>th</sup> Grade Semester Exams  
 December 19 Christmas Parties (School closes at Noon, no Late Stay)  
 Dec 22-Jan 2 NO SCHOOL: Christmas Break

## JANUARY 2026 – Missions Month

January 5 NO SCHOOL: Teacher In-Service  
 January 6 School Resumes  
 January 6 Re-Enrollment begins for 2026-2027 School Year  
 January 9 Honor Roll Assembly  
 January 16 Winter Pine Car Derby  
 January 19 NO SCHOOL: Martin Luther King Jr. Day  
 January 30 Third Quarter Progress Reports

## FEBRUARY 2026

February 5 Fine Arts Bible Quiz Teams  
 February 9 Fine Arts In-House (Spelling, Bible Memory, Arts and Crafts Due)  
 February 16 NO SCHOOL: Presidents Day

## MARCH 2026

March 2-6 7<sup>th</sup>-12<sup>th</sup> Grade Third Quarter Exams  
 March 19 Achievement Testing- Practice test  
 March 20 Honor Roll Assembly  
 March 23-27 K5-11<sup>th</sup> Achievement Testing

## APRIL 2026

March 30-April 3 NO SCHOOL: Spring Break  
 April 9 Fourth Quarter Progress Reports  
 April 9 Fine Arts – Art Projects Judged  
 April 10 Fine Arts – Platform Performances  
 April 22 Administrative Professionals Day

## MAY 2026

May 1 Principal Appreciation Day  
 May 5 Sport's Banquet  
 May 5 National Teacher Appreciation Day  
 May 15 Kindergarten Program and Graduation, 10:00 am  
 May 14-18 7<sup>th</sup>-12<sup>th</sup> Grade Final Exams  
 May 19 End of Year Awards Ceremony, 1:30 pm (No Late Stay)  
 May 20 End of Year Carnival, 8:30 am – 1:00 pm. (No Early or Late Stay)  
 May 20 High School Graduation, 6:30 pm  
 May 21-22 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](https://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.