

**FAITH CHRISTIAN ACADEMY**

**Application for Enrollment**

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

Address \_\_\_\_\_

Home Phone No. \_\_\_\_\_ Child's Social Security No. \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Policy No. \_\_\_\_\_

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**MEDICAL INFORMATION ABOUT YOUR CHILD (Required for all students)**

Does your child have any known allergies: Yes \_\_\_\_\_ No \_\_\_\_\_

Explain: \_\_\_\_\_

Please list all medications your child is taking: \_\_\_\_\_

Please list all physical handicaps or illnesses that your child has: \_\_\_\_\_

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**EMERGENCY CARE INFORMATION (Required for all students)**

Child's Doctor \_\_\_\_\_ Office phone \_\_\_\_\_

Address \_\_\_\_\_

Child's Dentist \_\_\_\_\_ Office phone \_\_\_\_\_

Address \_\_\_\_\_

Hospital Preference \_\_\_\_\_ Phone \_\_\_\_\_

If neither father nor mother (or guardian) can be contacted, please call (please list relationship):

Name \_\_\_\_\_ Relation \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

**Every effort will be made to contact parents, guardians, or other parent-authorized individuals in case of an emergency.**

**RELIGIOUS INFORMATION (Required for all students)**

Church Attended \_\_\_\_\_ Name of Pastor \_\_\_\_\_

Address \_\_\_\_\_

Father: Are you a Christian? Yes \_\_\_\_\_ No \_\_\_\_\_

Mother: Are you a Christian? Yes \_\_\_\_\_ No \_\_\_\_\_

Has student ever made a profession of faith in Christ? Yes \_\_\_\_\_ No \_\_\_\_\_

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**MISCELLANEOUS INFORMATION (Applies to all students)**

Application must be filled out completely before it is processed.

An interview with the parents and student may be required before final acceptance.

**Tuition Payments are due on the 1<sup>st</sup> of the month (Sept – May), beginning September 1<sup>st</sup>. Monthly payments must be paid by the 10<sup>th</sup> of every month or a \$15.00 late fee will be charged. Final report cards will not be released until the account is paid in full.**

**Cooperation Agreement**

“I pledge to pay my financial obligations to the school on the due dates and understand that there will be a \$15.00 late fee charged after the 10<sup>th</sup> of the month. I understand that if tuition payments are over 30 days past due, I will be asked to withdraw my child/ren from the school until the tuition payments are paid in full.”

“I agree to support and uphold the dress code, discipline and academic standards of Faith Christian Academy as set forth in the Handbook. I will encourage my student to complete class work as well as homework assignments.”

“I appreciate the school standards of no tolerance of profanity, obscenity in word or action, dishonor to the Godhead and the Word of God, or disrespect to the personnel of the school. I hereby agree to support all regulations of the school in the applicant’s behalf and authorize the school to employ discipline, as it deems wise and expedient for the training of my child.”

**“I understand that Faith Christian Academy reserves the right to dismiss any student who fails to comply with the established regulations and discipline or whose financial obligation remains unpaid.”**

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

\_\_\_\_\_  
**Date**

I agree that Faith Christian Academy may provide transportation to an appropriate medical resource and may authorize the physician of their choice to provide emergency care in the event that neither the family physician nor I can be contacted immediately.

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

\_\_\_\_\_  
**Date**

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**GENERAL INFORMATION ABOUT STUDENT (Required for all students)**

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Names and ages of other children in the family \_\_\_\_\_

Names and address of school last attended \_\_\_\_\_

\_\_\_\_\_  
Last grade completed \_\_\_\_\_

How did you find out about our school? \_\_\_\_\_

**Reason for choosing this school?**

\_\_\_\_\_  
Please give any further information concerning your child that will be helpful in his experience in a group setting (such as sports, likes and dislikes, special interests or fears.) \_\_\_\_\_

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**SCHOLASTIC INFORMATION (Not required for K-3, K-4 or K-5 students)**

Please indicate the academic level of student's previous schoolwork.

Excellent \_\_\_\_\_ Good \_\_\_\_\_ Average \_\_\_\_\_ Poor \_\_\_\_\_

Has student ever been expelled, dismissed, suspended, or refused admission to another school?

\_\_\_\_\_ If yes, details \_\_\_\_\_

Has student ever had disciplinary problems at school? \_\_\_\_\_ If yes, details \_\_\_\_\_

Does student have a juvenile or arrest record? \_\_\_\_\_

Has student ever used tobacco or illicit drugs of any kind? \_\_\_\_\_

**“I give permission for my child to take part in all school activities, including sports and to go to and from the fenced-in playground. My child may also play outside the fenced-in area with proper adult supervision. I give permission for my child to go on school-sponsored trips away from the school premises, and absolve the school from liability to me or my child because of injury to my child at school or during any school activity.”**

**“I will read the Student Handbook, and agree to attend Parent/Student Orientation. I understand the terms stated on this application and agree thereto.”**

Father's Signature

Mother's Signature

If mother or father cannot pick up student, please list below the names, relations and phone numbers of all persons to whom we may release your child.

Name

## Relationship

Phone Number

[illegible]

**Faith Christian Academy**  
**Discipline Behavior Management Policy**

We praise, reward, and encourage students to behave appropriately.

We reason with, and set limits for students and encourage alternatives for inappropriate behaviors.

We model appropriate behavior for students.

We modify the classroom environment to attempt to prevent problems before they occur.

We listen to students and respect their needs and feelings.

We communicate to students the consequences of being disobedient and the rewards for right behavior.

We explain things to students on their level.

We use short supervised periods of “time-out” for younger students.

We will contact parents if inappropriate behaviors continue after the time-out period.

We use merits to encourage appropriate behavior and demerits to discourage inappropriate behaviors. Demerits will be sent home for parents to sign and returned the next day.

Parents will be notified if students do not conform to rules and attitudes as set forth by the school board.

We will set up conferences with parents to discuss continued behavior issues.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_