

APPLICATION FOR ADMISSION

NOTE: A \$150 one-time, **NON-REFUNDABLE** application processing fee per family is required for first-time applicants. *If you are a returning family enrolling a new student, you have already paid this fee. A testing fee of \$25/per new student will be assessed for returning families.*

School Year Applying For: _____

Do you have a child currently enrolled? _____

I. Names of Children Eligible for Admission

Please begin with the oldest child.

	Child's Full Legal Name	Date of Birth	Grade Entering	Gender	Social Security #	Office Use
1						
2						
3						
4						
5						
6						

II. Family Information

Parents: Married Separated Divorced Single

Returning Families: *If information below has not changed, please continue to page two.*

Father's Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Primary Phone: _____

Employer: _____ Phone: _____

E-Mail: _____

Church: _____ Pastor: _____

Mother's Name: _____

Street Address (if different than father): _____

City: _____ State: _____ Zip: _____ Primary Phone: _____

Employer: _____ Phone: _____

E-Mail: _____

Church (if different than father): _____ Pastor: _____

III. Student Information

Please provide the following information beginning with the oldest child and the most recent school. If more space is needed, please provide the information on a separate sheet of paper.

Child	School Name and Full Address	Phone Number	Dates Attended	Grade Completed

Does your child have any learning needs that would require special attention in a traditional classroom setting?

Yes No

If yes, please explain: _____

Has your child ever been referred for testing or placed on an IEP? Yes No

If yes, please explain: _____

Has your child ever seen a counselor/doctor/psychiatrist for any type of social, behavioral, or emotional issue?

Yes No

If yes, please explain: _____

Has your child ever been suspended or expelled? Yes No

If yes, please explain: _____

Has your child ever repeated a grade? Yes No

If yes, please explain: _____

Please describe any physical limitations (heart problems, hearing difficulties, speech impediments, asthma, etc.), any serious illnesses, or any diseases.

Please note: Children with learning or behavioral considerations may be better served in a school equipped for their needs.

IV. Publicity

How did you find out about FCA? _____ Website _____ Social Media _____ Friend/Family _____ Other

FCA gives referral credit to current families for new enrollees. Is there someone we can thank for your application?

V. Check all that apply

_____ Full-time pastor _____ Full-time MBTS employee _____ Full-time MBTS student _____ Missionary

VI. Application Checklist

Please return the following with this application:

1. A completed Student Records Request (not applicable to preschoolers, kindergarteners, or home-school students)
2. Home-school students entering second grade and above must submit a portfolio of work which includes:
 - A typical math page
 - A handwritten paragraph that shows a sample of age/grade appropriate writing
 - A list of the last four books read independently
3. Parents of preschool children, kindergartners, and home-school students please submit:
 - A copy of your child’s birth certificate
 - Immunization records
4. A one-time, **NON-REFUNDABLE** application processing fee of \$150 (*If you are a returning family enrolling a new student, you have already paid this fee. A testing fee of \$25/new student will be assessed for returning families.*)

VII. Application Requirements

I have read the following (please initial):

	Father’s Initials	Mother’s Initials
Statement of Faith	_____	_____
Statement of Collaboration	_____	_____

Our signatures below indicate that the information in this application is correct to the best of our knowledge. We also state that we have read the Faith Christian Academy Statement of Faith, that we understand it constitutes the doctrinal beliefs of the school, and we agree to have our child(ren) taught in accordance with it.

Father’s Signature: _____ Date: _____

Mother’s Signature: _____ Date: _____

Your completed application will be processed once you have initialed and signed the agreement in Section VII (Application Requirements), along with returning all of the above documents and the application processing fee.

Once the application documents have been processed, you will be contacted to set up an appointment for your child(ren)’s assessment(s) and a meeting with the head of school.

Faith Christian Academy admits students of any race, color, national, or ethnic origin, to all rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national, or ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, athletic programs, and other school-administered programs.