



**Office Use Only:** Grade(s) \_\_\_\_\_  
 Interview \_\_\_\_\_  
 Enrolled \_\_\_\_\_  
 Test \_\_\_\_\_  
 Records Request \_\_\_\_\_

# APPLICATION FOR ENROLLMENT

Family's Last Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

<b>Father's Name:</b>	<b>Mother's Name:</b>
<b>Occupation:</b>	<b>Occupation:</b>
<b>Employer:</b>	<b>Employer:</b>
<b>Work or Cell Phone:</b>	<b>Work or Cell Phone:</b>
<i>Please check those that apply:</i>  Deceased ___ Widower ___ Divorced ___ Remarried ___	<i>Please check those that apply:</i>  Deceased ___ Widow ___ Divorced ___ Remarried ___

1.

Family  
Information

**Children:**

*Please list the following information about all the children in your home*

Name	Age	Current Grade	Birth date

If you are enrolling more than one student, please ask for additional copies of this page. Fill out a separate copy for each student you are enrolling.

Student's First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Age \_\_\_\_\_ Birth date: \_\_\_\_\_  
Month Day Year

## Previous Education

Last school attended \_\_\_\_\_

Address: \_\_\_\_\_

Grade last attended \_\_\_\_\_ Any grade repeated? \_\_\_\_\_

Current grade (entering) \_\_\_\_\_

Has this child ever been **expelled or suspended** from **any** school? \_\_\_\_\_  
If yes, please explain

## Health

Does this child have any physical disabilities? \_\_\_\_\_  
If yes, please explain

Has this child ever been treated for a serious mental or emotional disorder? \_\_\_\_\_  
If yes, please explain

Please list any medications this child takes regularly and the reason for taking them.

Please list any allergies and the type of allergic reaction.

Please list any physical activities that should be restricted for this child and the reason for the restriction.

*Please carefully read and sign the statements on the next page.*



# 2.

## Student Information

# 3.

## Discipline

- I understand that it is a privilege to attend Faith Christian School and that if at any time my child's conduct or academic progress does not allow the school to accomplish its mission with my family, the school may dismiss my child at its discretion.
- I pledge to support the school in any disciplinary action it may take with my child realizing that such discipline is essential to the school's mission and service to my family.

## Permission

- I give permission for my child to take part in all school activities including sports programs and school-sponsored trips away from the school premises. I absolve the school from all liability in the event my child is injured at school or during any school activity.
- If there is an emergency involving my child or if he/she is seriously ill and the school is unable to contact me, I authorize the school to contact the local doctor that I have indicated. If necessary, they may take my child to the doctor or to a local hospital for treatment.

## Finances

- I pledge to pay my financial obligation to Faith Christian School by the date it is due.
- I understand that late fees will be assessed when payment is not made on time.
- I understand that the school reserves the right to dismiss any child whose financial obligations remain unpaid according to the procedures outlined in the student handbook.
- I understand that if a student still has financial obligations to the school at the time of dismissal, withdrawal or transfer, the school will retain all student's records until the obligation has been met.
- I understand that if a student's account is not current, they may not participate in extracurricular activities such as, but not limited to: athletics, MACS competitions, and school-sponsored trips.
- I understand that students who withdraw or are dismissed will pay tuition through the end of the month in which they withdraw or are dismissed. There is no refund for any fees.

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

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

## Conduct Agreement

I am willing to abide by the regulations of Faith Christian School as presented to me in the school handbook. Believing that it is a privilege to be a student at FCS, it is my personal desire and choice to have my child(ren) attend this school. I fully realize that an excessive accumulation of minor offenses may lead to my child's(ren's) expulsion from FCS. Certain inappropriate actions (drugs, alcohol, etc.) or behaviors will lead to immediate expulsion from Faith Christian School.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Student (grade 7 – 12)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Student (grade 7-12)

\_\_\_\_\_  
Date



*Admission to Faith Christian School is open to any young lady or man who meets the entrance requirements. Faith Christian School admits students of any race, color, national and ethnic origin to all the 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 and ethnic origin in administration of its educational policies, admission policies, and athletic or other school-administered programs.*

4.

## Church

Name and city of church: \_\_\_\_\_

Pastor's Name: \_\_\_\_\_

Do you attend regularly? \_\_\_\_\_

## Emergency Contacts

Name of friend or relative to contact if parent/guardian is not available:

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Name	Relationship	Phone
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Name	Relationship	Phone
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## Referral

Did someone refer you to FCS? \_\_\_\_\_

If so, please write the name of the person who referred you below.

How did you hear about FCS?

