

Application for Admission
Academic Year: 2021-2022

Student's Legal Name (Last) _____ (First) _____ (Middle) _____ (Preferred Name) _____

Student's Current Grade Level: _____ Applying For Student to Enter Grade Level: _____

Age _____ Birth Date _____ Home Phone _____

Address _____ City _____ State _____ Zip _____ County _____

Place of Birth (City, County, State) _____ ☐ Male ☐ Female

Full Name of Father/Guardian (Include Title: Mr., Pastor, Dr., etc.) _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email Address _____ Occupation _____

Father's Employer _____ Business Address _____

High School Attended _____ Year of Graduation _____

College(s) Attended: _____
Name of College _____ Dates Attended _____ Degree _____

Full Name of Mother/Guardian (Include Title: Mrs., Pastor, Dr., etc.) _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email Address _____ Occupation _____

Mother's Employer _____ Business Address _____

High School Attended _____ Year of Graduation _____

College(s) Attended: _____
Name of College _____ Dates Attended _____ Degree _____

Please Check All That Apply:

<input type="checkbox"/> Student lives with Both Parents	<input type="checkbox"/> Parents are Separated
<input type="checkbox"/> Student lives with Father	<input type="checkbox"/> Parents are Divorced
<input type="checkbox"/> Father is Deceased	<input type="checkbox"/> Grandparent(s) has (have) Custody
<input type="checkbox"/> Father has Custody	<input type="checkbox"/> Mother has Custody
<input type="checkbox"/> Joint custody of student is held between _____ and _____	
<input type="checkbox"/> Custody Arrangements have been court adjudicated. <i>(If additional writing space is needed, please continue on a separate page.)</i>	

Person responsible for payment of tuition and fees:

_____	_____	_____
Name	Address	Phone Number

Names, ages, grades, and current schools of all siblings:
(If additional writing space is needed, please continue on a separate page.)

Name	Age	Current Grade	Current School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Current and previous school(s) attended, dates, and reasons for leaving:
(If needed, please continue on a separate page.)

Name of School	Dates Attended	Reason for Leaving
_____	_____	_____
_____	_____	_____
_____	_____	_____

Emergency contacts. List two contacts who are NOT the student's parents.

Name	Relationship	Phone Number
_____	_____	_____
_____	_____	_____

Individuals Authorized for Pick-Up. List two contacts who will most often pick up your student who are NOT the student's parents.

Name	Relationship	Phone Number
_____	_____	_____
_____	_____	_____

_____	_____
Student's Physician	Phone Number

Please answer the following questions. *(If additional writing space is needed, please continue on a separate page.)*

Has the applicant ever:

Yes

No

☐ ☐ Repeated a grade? If yes, which grade? _____

☐ ☐ Attended or made application to Family Christian School? If yes, which year(s)? _____

☐ ☐ Been suspended or expelled (or been recommended for suspension) from any school for any reason? If yes, explain and include the dates and the name of the school and principal.

☐ ☐ Been home-schooled? If yes, give dates, grade level(s) and curriculum used. _____

☐ ☐ Had a clinical diagnosis of a learning disability? If yes, please explain: _____

☐ ☐ Had any additional testing or tutoring? If yes, please explain: _____

☐ ☐ Been recommended for any special testing or services, whether or not that recommendation was followed? Please explain the circumstances.

☐ ☐ Undergone formal psychological/emotional/behavioral testing or counseling? If yes, please explain.

☐ ☐ Demonstrated negative social behavior (i.e., disrespect, fighting, name calling)? If yes, please explain.

☐ ☐ Participated in regular, standardized achievement testing?

☐ ☐ Participated in advanced classes? If yes, in which area(s): _____

Which of the following would best describe the grades typically received by the applicant?

☐ A's ☐ A's & B's ☐ B's & C's ☐ C's & D's ☐ D's ☐ D's & Failing Grades

Which of the following would best characterize the amount of homework the applicant is generally doing each week?

☐ Less than three hours per week ☐ Three to five hours per week
☐ Five to eight hours per week ☐ Nine or more hours per week

- If the applicant has any physical limitations or chronic illnesses of which we should be aware, please explain.
(You may attach a separate page explaining his or her special needs.)

- Please use the space below for other pertinent information about your child or family situation that you think could help the school meet your child's needs. (If you prefer, you may attach a separate page.)

- Reason for applying to Family Christian School:

- Family Christian School was recommended by:

- Explain whether or not you would support the use of corporal punishment (paddling) as a means of discipline and give your reasons.

- What do you believe is your child's greatest strength socially?

- Academically?

- Spiritually?

- What are your child's favorite hobbies or free-time activities?

- What does your child like most about school?

- Least?

- What do you believe needs the most improvement in your child's development socially?

- Academically?

- Spiritually?

NOTICE OF NONDISCRIMINATORY POLICY AS TO STUDENTS

Family Christian School admits students of any race, color, nationality and ethnic origin to all rights, privileges, programs, and activities generally afforded or made available to students at the school. It does not discriminate on the basis of race, color, nationality and/or ethnic origin in the administration of its educational policies, and athletic and other school-administered programs.

Note: The application will not be processed without a \$50.00 non-refundable processing fee; however, payment of this fee does not assure admission. Eligible candidates will receive a registration packet. Once all paperwork is returned, the enrollment steps are completed, and the enrollment fee is paid, a space will be held for that student. I affirm that all the information in this application is true and accurate to the best of my knowledge. I understand that providing false information or omission of pertinent information could be reason for rejection of the application or dismissal of my child from Family Christian School. I also understand that I may be asked to provide additional written information.

I affirm that all the information in this application is true and accurate to the best of my knowledge. I understand that providing false information or omission of pertinent information could be reason for rejection of the application or dismissal of my child from Family Christian School. I also understand that I may be asked to provide additional written information.

Father/Guardian Signature *(Please type full name to sign document)*

Date

Mother/Guardian Signature *(Please type full name to sign document)*

Date