

NEW STUDENT
APPLICATION FOR ADMISSION

Admission Policy: *Faith Christian Academy does not discriminate in the admission of students, or hiring, on the basis of race, color, sex, or national or ethnic origins.*

Please furnish all appropriate information (one form per child). Please print.

Student Information

Student's Name _____

Birthdate _____ Sex _____ Age _____ Social Security # _____

U.S. Citizen: Yes () No ()

Complete home address _____

Street Address _____

City _____ *State* _____ *Zip* _____

Home phone _____ Student's Cell phone _____

Student's Email address _____

Name of school last attended _____

Address _____

Street Address _____ *City* _____ *State* _____ *Zip* _____

Parental Information

Father's Full Name _____

Father's place of work _____

Work phone _____ Cell phone _____

Parent Alert sent to: _____ home number _____ cell number _____ work number _____

Mother's Full Name _____

Mother's place of work _____

Work phone _____ Cell phone _____

Parent Alert sent to: _____ home number _____ cell number _____ work number _____

Parent's Email address _____

Mother is: at child's address () deceased () separated () divorced () single ()

Father is: at child's address () deceased () separated () divorced () single ()

Legal guardianship/custody of child? Father () Mother () Both (); Other: _____

Application For Grade _____

Year _____

Checklist

_____ Application Form

_____ Parent Questionnaire

_____ Special Permission Form

_____ Interview Date _____

_____ Testing Date _____

_____ Registration: ck# _____

_____ Book/Testing Fee:
ck# _____

_____ Commonwealth of VA
School Entrance Health
Form

_____ Birth Certificate/S.S. Card

_____ Payment Schedule

Pre-K 10 months/1-time
K-12th 12 months/1-time

_____ School Record Transfer
Sheet

_____ Extended Care Form

Initials/Date received _____

List all other children under age 18 living with the family:

	Name	Age	School Attending	Grade
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Who has financial responsibilities? _____

Church attending _____ Pastor's Name _____

Church's Complete Address _____

Child's Physician _____ Phone Number _____

Medical Information (include allergies) _____

Emergency Contact:

1. Name _____ Phone _____ Relation _____

2. Name _____ Phone _____ Relation _____

List the names of those authorized to pick up your child:

1. Name _____ Relationship _____ Driver's License # _____

2. Name _____ Relationship _____ Driver's License # _____

Please use the space below to clarify any legal/adoptive/custody arrangements or other pertinent information that might be helpful in meeting the needs of your child (attach any legal papers):

Do you give the school permission to use photographs or videos of your child in the promotion of Faith Christian Academy? _____ (*Please answer yes or no and initial*).

Does the student have any physical, emotional, or any other problems that you are aware of that may affect attendance or behavior? Yes / No If yes, please explain.

_____ Yes, please include our name in the FCA Directory.

_____ No, please do not include our name in the FCA Directory.