Family Christian School APPLICATION FOR ADMISSION

2020-2021 School Year

Student's Legal Name (Last)		(First)	(Middle)	(Pre	eferred Name)
Student's Current Grade Level:		applying For Student to Enter Grade Level:			
			()	
Age	Birth Date	Social Security Nu	mber .	Home I	Phone
Address	3	City	State	Zip	County
Place o	f Birth (City, County, State			□ Male □	Female
Full Nan	ne of Father/Guardian (In	, Iclude Title: Mr., Pasto	or, Dr., etc.):		
Address:		City:		State: Zip	Code:
Home P	Phone: ()	_Cell Phone: () _	Wo	rk Phone: ()
Email Address:		Occupation:			
Father's	Employer:	Βυ	siness Address	:	
High Sc	hool Attended:			Year of gradue	ation:
College	e(s) Attended:		_Dates:	Deç	gree:
		D	ates:	Degre	e:
Full Nan	ne of Mother/Guardian (I	nclude Title: Mrs., Pas	tor, Dr., Etc.): ₋		
Addres	Address:City: _			State: Zip	Code:
Home Phone: ()		Cell Phone: ()	W	ork Phone: ()
Email A	ddress:	Occupation:			
Mother'	's Employer:	Business Address:			
High Sc	hool Attended:			Year of gradu	ation:

College(s) Attended:	Do	ates:	Degree:			
	Dat	es:	Degree:			
Please Check All That Apply:	□ Student Lives with Bot	h Parents	□ Parents are separated			
□ Student lives with Father	☐ Student lives with Mot	her	□ Parents are Divorced			
□ Father is deceased	□ Mother is deceased		□Father has Custody			
□ Mother has Custody	☐ Grandparent(s) has	(have) Custoc	dy			
$\hfill \Box$ Joint custody of student is h	neld between		and			
☐ Custody Arrangements have please continue on a separa	-	ed. (If additio	nal writing space is needed,			
Person responsible for payme	ent of tuition and fees:					
		()			
Names ages arades and a	urrent schools of all sibling	as: (If addition	al writing space is needed			
Names, ages, grades, and current schools of all siblings: (If additional writing space is needed, please continue on a separate page.)						
Current and previous school(reasons for led	aving: (If needed, please			
continue on a separate page Name of School:	Dates:		Reason For Leaving:			
Emergency contacts and au	thorized individuals for pi	ck-up:				
Name	Relationship		Phone #			

Has the applicant ever: (If additional writing space is needed, please continue on a separate page.) Yes repeated a grade? If yes, what grade? Attended or made application to Family Christian School? If yes, what year(s)? Yes No 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 principle. 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? Explain circumstances:_____ Undergone formal psychological/emotional/behavior testing or counseling? If Yes, Explain: Demonstrated negative social behavior (i.e., disrespect, fighting, name calling)? If yes, 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 & Failing Grades

Which of the following would best characterize the generally doing each week?	hich of the following would best characterize the amount of homework the applicant is					
☐ 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 chronolease explain. (You may attach a separate page						
Please use the space below for other pertinent info that you think could help the school meet your child 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 strengt	h socially?					
Academically?						
Spiritually?						

What are your child's favorite hobbies or free-time activ	ities?
What does your child like best about school?	
Least?	
What do you believe needs the most improvement in yo	our child's development socially?
Academically?	
Spiritually?	
NOTICE OF NONDISCRIMINATORY POLICY AS TO STUDENT Family Christian School admits students of any race, colorights, privileges, programs, and activities generally affor the school. It does not discriminate on the basis of race the administration of its educational policies, and athlet programs. Note: The application will not be processed without a \$5 however, payment of this fee does not assure admission	or, nationality and ethnic origin to all rded or made available to students at , color, nationality and/or ethnic origin in ic and other school-administered
registration packet. Once all paperwork is returned, the the enrollment fee is paid, a space will be held for that sa provisional basis and is made final after each family he meeting, completed the PIE Agreement Form, and recohave been received and reviewed.	e enrollment steps are completed, and student. Initially, acceptance is given on as attended Partners in Education (PIE)
I affirm that all the information in this application is true of knowledge. I understand that providing false information could be reason for rejection of the application or dismit School. I also understand that I may be asked to provide	on or omission of pertinent information ssal of my child from Family Christian
Father/Guardian Signature	Date
Mother/Guardian Signature	Date