

Family Christian School
APPLICATION FOR ADMISSION
Early Childhood
2020-2021 School Year

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 Code: _____

Home Phone: (____) _____ Cell Phone: (____) _____ Work Phone: (____) _____

Email Address: _____ Occupation: _____

Father's Employer: _____ Business Address: _____

High School Attended: _____ Year of graduation: _____

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

_____ Dates: _____ Degree: _____

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

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____ Cell Phone: (____) _____ Work Phone: (____) _____

Email Address: _____ Occupation: _____

Mother's Employer: _____ Business Address: _____

High School Attended: _____ Year of graduation: _____

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

Please Check All That Apply: ☐ Student Lives with Both Parents ☐ Parents are separated

☐ Student lives with Father ☐ Student lives with Mother ☐ Parents are Divorced

☐ Father is deceased ☐ Mother is deceased ☐ Father has Custody

☐ Mother has Custody ☐ Grandparent(s) has (have) Custody

☐ Joint custody of student is held between _____ and _____

☐ Custody Arrangements have been court adjudicated. (If additional writing space is needed, please continue on a separate page.)

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.)

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

Name of School:	Dates:	Reason For Leaving:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Student's Physician: _____ Physician's number: _____

Emergency contacts and authorized individuals for pick-up:

Name	Relationship	Phone #
_____	_____	_____
_____	_____	_____
_____	_____	_____

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, or if you prefer, you may attach a separate page.

Reason for applying to Family Christian School:

Family Christian School was recommended by: _____

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

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

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: Each student must have the following on file:

- Student Application
- Signed form that you have read the handbook and will abide by it
- P.I.E. Agreement Form
- Current immunization form
- Current proof of physical
- Copy of Birth Certificate
- Tuition Agreement Form

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_____Date_____

Mother/Guardian Signature _____Date_____