

FAITH CHRISTIAN ACADEMY STUDENT APPLICATION

www.fcawaynesboro.org

726 GA Hwy 24 South
Waynesboro, GA 30830
fcawaynesboro@att.net
706-554-1577 (phone)
706-535-4997 (fax)



Faith Christian Academy

FOR OFFICE USE ONLY:

ACCEPTED ___ Yes ___ No
Soc. Security Card _____
Birth Certificate _____
Immunization 3231 _____
6th grade varicella _____
7th grade TDap, MCV4 _____
Georgia 3300 (K5 and up) _____
Postdated checks _____
Registration fee _____

Date of Application _____

Grade Entering _____

STUDENT INFORMATION

Application Date _____

Student's Last Name: _____ First: _____ Middle: _____

Name to use when referring to Student: _____ Sex: M F Age: _____

Address: _____ City: _____

State: _____ Zip: _____ Home Phone No: _____

Social Security #: _____ Date of Birth: _____ Race: _____

Child T shirt size _____ (please indicate Y for Youth or A for Adult sizing)

PE shorts size _____ (grades 6-9 only)

FAMILY INFORMATION

Student resides with: ___ Both Parents ___ Father ___ Mother ___ Other _____

Father / Legal Guardian's Name: _____ Cell/Pager #: _____

Employer / Occupation: _____ Work # _____

Mother / Legal Guardian's Name: _____ Cell/Pager #: _____

Employer / Occupation: _____ Work#: _____

E-mail Address _____

Who has legal custody? _____

Papers on file? _____

Other school aged children living with family:

_____ (name and school attending)

Church membership: _____

Permission is given to use my child's picture in school brochures, website, or other promotional publications.

____yes ____no

PAYMENT INFORMATION

Name of Person Responsible for Payment (if not listed above):

Name: _____

Address: _____

City: _____ Zip: _____

Employer: _____ Work Phone: _____

Payment Options:

____ Payment in full by first day of school (**includes 3% discount**)**postdated check must be received with application**

____ Twelve installments to be deposited on the 10th of each month***postdated checks must be received to process application**

MEDICAL, SOCIAL, AND ACADEMIC INFORMATION

Does the student have any medical concerns? ____ Yes ____ No. If yes, what? _____

Does the student have any allergies? ____ Yes ____ No. If yes, to what? _____

Does the student have or been tested for any physical, emotional or behavioral disabilities? ____ Yes ____ No

If yes, please describe: _____

Has the student been tested or evaluated for learning disabilities? ____ Yes ____ No. If yes, please describe: _____

Has the student been tutored outside of the regular classroom setting? ____ Yes ____ No If yes, please describe: _____

Is this student currently taking any medication? ____ Yes ____ No If yes, please describe: _____

STUDENT INFORMATION

Has this student ever repeated a grade or has the student been recommended to be retained? Yes No If yes, which grade(s)? _____ Reason for retention: _____

Has the student ever had any serious discipline problems, or been suspended, expelled, arrested/taken to Juvenile Court or law enforcement agency? ____ Yes ____ No

If yes, please explain: _____

Please provide any additional information which may assist in the development of your child. _____

If your child has been convicted of a crime or suspended or expelled from any of his/her previous schools, Faith Christian Academy will not be able to accept your child. If there are mitigating circumstances that need to be clarified or documented, please include the written information with your application. All cases involving mitigating circumstances will be evaluated by the School Board on a case by case basis.

TRANSFER STUDENT INFORMATION

Name of previous school: _____

Grade average at time of transfer: _____

Students may not be accepted mid year who do not have passing mid-year grades or excessive absences. Please provide appropriate documentation if necessary.

EMERGENCY CONTACT INFORMATION

Emergency Contact Information #1 (other than parents) _____ **Phone #** _____

Emergency Contact Information #2 (other than parents) _____ **Phone**
_____

Local Physician _____ **Physician's Phone#** _____

Please list all persons in addition to those listed to whom we have permission to release your child.

Name: _____ Address _____ Phone: _____

Name: _____ Address _____ Phone: _____

Name: _____ Address _____ Phone: _____

Faith Christian Academy
EMERGENCY MEDICAL AUTHORIZATION

Student Name

Student D.O.B.

Address

City

State

Zip

Telephone

Purpose – To enable parents/guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority when parents/guardians cannot be reached.

Parent/Guardian

Relationship

Work/home telephone

Cell

Parent/Guardian

Relationship

Work/home telephone

Cell

IN THE EVENT I CANNOT BE REACHED, THE SCHOOL HAS MY PERMISSION TO RELEASE MY CHILD TO THE NAMES LISTED BELOW ONLY. A PICTURE I.D. MAY BE REQUIRED BEFORE THE STUDENT WILL BE RELEASED! NO EXCEPTIONS!

1. _____ Phone: _____ Relationship to child _____
2. _____ Phone: _____ Relationship to child _____

Glasses/contacts ____ Hearing Aid ____ Diabetes ____ Seizures ____
Allergies or physical impairments, medication taken:

Primary Physician _____ Phone _____

Primary Dentist _____ Phone _____

Health Insurance _____ Group# _____ Policy# _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for: 1) the administration of any treatment deemed necessary by above named doctor or in the event the designed preferred practitioner is not available, by another licensed physician or dentist; and 2) the transfer of the child to _____ (preferred hospital). This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery are obtained prior to the performance of such surgery.

Parent/Guardian Signature _____ Date _____



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Authorization to Release Information

Date: _____

Previous School: _____

Student: _____

The above named student has matriculated/inquired at Faith Christian Academy. The parents have requested the following be sent to our school:

Copy of the student's transcripts,

Standardized test scores,

Disciplinary report,

Medical records,

All related student file information

Please fax these records to 706-535-4997. We appreciate your prompt response to this request, as we need to plan an educational profile for this student.

Parent Signature: _____

PLEDGE OF ACCEPTANCE

Please read carefully before signing.

I _____ (parent/guardian) have carefully examined the philosophy and statement of faith of Faith Christian Academy and desire the school to work with me in the education of my child.

I agree to uphold and support the high academic standards of Faith Christian Academy by providing a place at home for my child to study and give encouragement in the completion of homework and assignments.

I agree to allow _____ (child's name) to participate in all school activities including school-sponsored trips away from the school premises, and as consideration for the benefits derived, I absolve the school and staff members from liability to me or my child because of injury to my child at school or during any school activity. I further authorize the school to secure necessary emergency medical attention for my child in the event of an injury at school or on a school sponsored trip away from the school premises where parents cannot be contacted.

I hereby agree to my financial obligations to Faith Christian Academy. I understand that I am contracting with Faith Christian Academy to provide one year of educational services. I understand that if I withdraw my child, I am responsible for the remainder of the year's tuition. Any appeal to this policy must be made in writing to the School Board.

I hereby agree to accept all regulations and policies of the school. I understand Faith Christian Academy reserves the right to dismiss any child who fails to comply with the established regulations and disciplinary actions or whose financial obligation remains unpaid after the due date.

As a parent, I will lend my support to Faith Christian Academy through prayer and will work with my child's teachers to further his/her educational experience. We have received a copy of the school's Statement of Faith and agree to uphold it. We have reviewed the Student Handbook and High School Handbook (if applicable) and agree to the policies set forth in it.

All information provided on this application is truthful. I have read the terms stated on this application and agree thereto:

STOP—Please sign at time of admission in presence of secretary/notary

Signature of parent or legal guardian _____

Date _____

NOTARIZED BY: _____