Student Application

Date of Application: ___/___/20___ **School Year: 2016- 2017**

Please complete the application for enrollment into First Assembly Christian School (FACS) to the best of your knowledge.

Student Information

Name	Date of Birth	Social Security #	Sex
Last School Attended		Last Grade Enrolled	
Name	Date of Birth	Social Security #	Sex
Last School Attended		Last Grade Enrolled	
Name	Date of Birth	Social Security #	Sex
Last School Attended		Last Grade Enrolled	
Name	Date of Birth	Social Security #	Sex
Last School Attended		Last Grade Enrolled	

Family Information

Father's Name	Home Phone	Cell Phone	Employer
Address City, State Zip		Email	
Mother's Name	Home Phone	Cell Phone	Employer
Address City, State Zip		Email	
Parents living in the home ☐ Father ☐ Mother			

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Tuition/Fee Information

Number of Students		Grades		
Total Tuition	Total Registration	Total Curriculum	Total Other Fees	Grand Total
Paid Tuition	Paid Registration	Paid Curriculum	Paid Other Fees	Total Paid

Balance Information

Total Due	# Payments Due	Payment Amount	Beginning Date	Ending Date

Contractual Agreement

I hereby make application for my child to attend First Assembly Christian School (FACS). I affirm that I will prayerfully support the administration and faculty by upholding the policies and procedures of the school. If I am in disagreement, I will follow the scriptural principle of going first to the teacher and then to the administrator with the disagreement. I agree to make tuition payments in accordance with the approved "Tuition and Fee Schedule" and to pay an additional one month's tuition in the event of withdrawal or expulsion from the school. I give permission for my child to attend any school-sponsored field trips and activities away from school. I give permission for my child to be photographed and the photographs to be used on bulletin boards, in the yearbook, in magazines and on the school website. I understand, if for any reason I am unable to carry out any part of this agreement, I may be asked to withdraw my child from school and I will do so on request.

I have a copy of the Family Handbook, and I will read the information therein. Yes | No	
Parent/Guardian's Signature	Date
School Signature	Date

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Emergency Treatment Authorization

This form authorizes emergency treatment for my child(ren) in the event a parent/guardian cannot be located to give permission for treatment.

Parent/Guardian's Name			Phone Number
Address			
Child's Name	Age	Child's Name	Age
Child's Name	Age	Child's Name	Age
Parent/Guardian's Signature		Date	
Insurance Company			Policy Number
Notary Signature		Seal	

NOTE: All medications MUST BE signed in on the medicine chart daily including child's name, medications, dosage, time, parent's signature and any other instructions. All medications MUST HAVE a pharmaceutical label on them.

Emergency Contacts/Pick-Up List (other than parents listed)

Contact 1: Name	Phone
Contact 2: Name	Phone
Contact 3: Name	Phone

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Spiritual Information

Family Church Name	Pastor's Name	Church Phone

Is the child's father a Christian? Yes | No	Does the child's father regularly attend church? Yes | No
Is the child's mother a Christian? Yes | No	Does the child's mother regularly attend church? Yes | No

Health Information

Complete health information on the Florida HRS form 680 must be received as part of the application. A recent physical is also required for all kindergarten students and all new students in the state of Florida. If you are a Florida resident, an original form from your doctor or a photo copy from school records is acceptable. If you are applying from another state, the school's registrar will advise you as to the required procedure.

Note: All information is strictly confidential and will be shared with only those directly concerned.

Physician Name	Phone Number

Does your child have any specific physical handicaps or medical problems? Yes | No	If yes, please explain.
Does your child take any prescribed medication for chronic medical conditions? Yes | No	If yes, please explain.
If you have any other information which may assist the education of your child at FACS, please indicate.	

Behavioral Issues

Has your child had any serious discipline problems or been expelled from school or daycare? Yes | No	If yes, please explain.

K5 – 12th Grade Student Application

Student Reference Form

Student Name	Grade Entering
Referring Individual/Institution Name	

Permission from Parent or Legal Guardian

I give authorization to the above individual or institution to give any and all information regarding my child's school performance and any other pertinent information that may or may not be on record. I release the named individual or institution from all liability for any damage that may occur from proving such information to First Assembly Christian School.

Parent/Guardian's Signature	Date

The student name above is an applicant for admission to First Assembly Christian School. At FACS, we believe that a child must be trained to effectively speak and write his language, to read for knowledge and understanding, and to gain knowledge and a sense of appreciation in the study of the various subject disciplines. This involves training a child to reach his highest potential in order that he may fully embrace his place in society and in the Kingdom of God. In order to carry out this high calling, he must be fully trained in spirit, mind, and body. To help us evaluate this child, we ask that you answer the following questions to the best of your ability. Only answer the questions that pertain to your area of expertise. We value your recommendation. Your comments will be confidential. Please mail this completed form to First Assembly Christian School.

To be completed by current or former teacher(s).

Personal Qualities

Compared to other students of same age whom you have taught/observed, please rate the student in the following areas:

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	Truly Outstanding	Excellent	Good	Average	Below Average	Poor	Not Known
Integrity							
Self-Discipline							
Reaction to Criticism							
Respect for Authority							
Leadership							
Respected by Peers							
Sense of Humor							
Christian Values							
Choice of Friends							
Creativity							

Characteristics

From the list below choose five words that best describe the applicant. Please circle your choices.

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Aggressive	Daydreamer	Healthy	Lazy	Sneaky
Ambitious	Disobedient	Humorous	Obedient	Trustworthy
Attentive	Energetic	Hyperactive	Perfectionist	Underachiever
Caring	Generous	Industrious	Prompt	Other: _____
Clown	Happy	Late	Rebellious	Other: _____

Academic Work

Compared to other students of same age whom you have taught/observed, please rate the student in the following areas:

	Truly Outstanding	Excellent	Good	Average	Below Average	Poor	Not Known
Reading Ability							
Reading Achievement							
Writing Ability							
Writing Achievement							
Mathematical Ability							
Mathematical Achievement							
Study Habits							
Overall Classroom Behavior							

How does this applicant rank in your class?

_____ Top 10% _____ Top 25% _____ Top Half _____ Bottom Half

Comments/Recommendation

Please share any comments that would be helpful to us in making a decision regarding this applicant:

Please choose from the options below as to how you would recommend this applicant for admission to FACS:

_____ With Enthusiasm _____ With Confidence _____ No Recommendation _____ With Reservation

Your Name	Address (City, State, Zip)	Phone
Name of School	In what capacity have you know the applicant?	How long have you known the applicant?

_____ Your Signature _____ Date