

FAITH CHRISTIAN ACADEMY

627 S. Main St. / P.O. Box 313, Jamestown, Tn 38556

Phone: (931)879-9137 Fax: (931)879-5077

Jane Smith
Administrator

Fred Allred
Pastor

Application for Admission

Grade applying for: _____ Date: _____

Name of Student: _____

Last

First

Middle

Name student prefers to be called: _____, SS# _____

Physical Address: _____

Mailing Address: _____

Home Phone # _____ Other Phone # _____

Emergency Contact: _____ Phone # _____

Date of Birth _____ Sex _____ U.S. Citizen? _____

(If no, immigration status is required to be on file.)

Father's Name _____ Employer _____

Business Address _____ Phone _____

Position/Occupation _____

Mother's Name _____ Employer _____

Business Address _____ Phone # _____

Position/Occupation _____

Who is legal guardian of student? _____

Siblings enrolled at F.C.A. _____ Age(s) _____

Church attending _____ Pastor _____

A Ministry of Faith Baptist Tabernacle

For School Office Use Only

Reg. ____ Books ____ Half Day ____ Full Day / Cot Fee ____ Lab Fee ____ Test Fee ____ Tested ____

Activity Permit

Event: Field Trips and School Sponsored Trips Away From School Premises

To Whom It May Concern:

As a parent/guardian, I do hereby authorize Faith Christian Academy at Faith Baptist Tabernacle and their representatives to secure any medical treatment necessary, which if delayed may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort. I will in no way hold Faith Christian Academy or Faith Baptist Tabernacle and their representatives responsible in the event of an accident that may harm my child.

My child, _____, has my permission to travel to any of the above mentioned. I, _____, am the _____ of the child.

Relationship

Dates when release is intended for August 200__ through May 200__.

This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Parent/Guardian Signature

Address: _____

Phone: _____ D.O.B. _____

Allergies: _____

Medication Taking: _____

Parent's Name: _____

Employer: _____ Wk. Ph. _____

Insurance Company: _____ Policy #: _____

Parent's Signature: _____ Date: _____

Statement of Cooperation

I give Faith Christian Academy permission for my child to take part in all school activities, including field trips and school sponsored trips away from school premises. I also believe that discipline is necessary for the welfare of each student, as well as for the entire schools. I give permission for my child's teacher and/or other agent of the school to make and enforce classroom regulations in a manner consistent with Christian principles and discipline as set forth in the Scriptures if deemed necessary by school authorities. I am also aware paddling is administered as a last resort and give permission for the school to carry out the punishment. I agree to support the educational standards of this school by helping my child with any area of academics they may be struggling in, and I will ensure any homework assigned is completed. I further agree to hold the school and its agents harmless for any liability to my child or any guardian or parent thereof because of any injury to my child. Should legal action, for any reason, be taken against Faith Christian Academy or any employee or agent thereof on my child's behalf, and the school or its agent not be found at fault. I agree to pay any attorney fees, court fees, damages or other costs that Faith Christian Academy or its agents should incur to defend itself against such action.

Father's Signature: _____ Date: _____

Mother's Signature: _____ Date: _____

Note: It is understood that Faith Christian Academy has the right to accept or reject a student as it deems advisable.

Faith Christian Academy admits students of any race, color, national or ethnic origin to all the rights, privileges, programs, and activities generally made available to students of this school. It does not discriminate on the basis of race, color, national or ethnic origin in the administration of its educational policies, admission policy, and other school-administered programs.

Student Information

List any know allergies: _____

List any medications: _____

Child's basic health: Excellent Good Fair Poor

Any physical limitations? _____

 If yes, please give brief description: _____

Date of last physical: _____

Date of last tetanus: _____

Date of last TB test: _____

(COPY OF CURRENT SHOT RECORDS MUST ACCOMPANY THIS APPLICATION)

We are required by state law to have on file for each child here at the school designated adults allowed to pick up your child. This list will be kept on file in the school office and will be used to verify who is allowed to pick up your child. No one will be permitted to pick up a child from school whose name is not on the list. Identification will be required.

Name of Child _____

1. _____ Phone _____

2. _____ Phone _____

3. _____ Phone _____

4. _____ Phone _____

The above may pick up my child.

LEGAL CUSTODY

Please be aware that in the case of legal divorce, we must have a copy of legal custody documents in the child's file in order to keep a parent from picking up his/her child. Please indicate below if this is the case and provide us with the legal document stating so.

_____ **DOES NOT** have permission to pick up my child. I have provided legal documents to this effect.

Legal Guardian Signature

Date

Student Questionnaire Grades 7 - 12

Student's Name: _____ Grade applied for: _____

Please complete the questions below.

1. Have you ever been suspended or expelled from school? When? Why?

2. Have you ever been arrested or incarcerated?

3. Have you ever failed a grade in school? What Grade?

4. Have you ever habitually used tobacco in any form or alcoholic beverages? Last date of use? _____
5. Have you ever habitually used illegal narcotics? Last date of use?

6. Have you ever experimented with tobacco, alcoholic beverages, or illegal drugs? Which? When? Last date of use?

7. Do you want to attend Faith Christian Academy? Why?

Student Commitment

Prior to signing the Student Commitment, you should review the FCA Parent and Student Handbook, which may be viewed at the school or online at www.fcacad.org.

I understand that Faith Christian Academy has spiritual, behavioral, and academic standards, and I acknowledge that my behavior at both school and non-school related activities affects my own testimony and reputation as well as that of my family, FCA, God, and His Word. Therefore, I agree to cooperate with the teachers, staff, and administration of the school and to accept and support the rules and standards of the school as specified in the Parent/Student Handbook. I further understand that disregard for these rules will result in disciplinary action, including possible suspension or expulsion. By signing below I acknowledge that I have read or have been given the opportunity to read the FCA Parent/Student Handbook, that I accept and understand the conditions of this application, and that I commit to the school's standards and agree to be held accountable for any violation of those standards.

Student Signature

Date

Parent/Guardian Signature

Date