

# ELEMENTARY STUDENT APPLICATION

"No greater joy can I have than this, to hear that my children follow the truth." 3 John 4 (RSV)



First Christian Academy  
24530 N.W. 199<sup>th</sup> Lane  
High Springs, Florida 32643  
386-454-1641  
**A Ministry of First Baptist Church**

Applying for Grade \_\_\_\_\_ School Year \_\_\_\_\_

### Documentation Required for Admission:

- Copy of child's birth certificate \_\_\_\_\_
- Copy of child's social security card \_\_\_\_\_
- Copy of child's immunization records(blue) \_\_\_\_\_
- Copy of child's physical exam form(yellow) \_\_\_\_\_
- Copy of child's last report card \_\_\_\_\_
- Copy of last achievement test scores \_\_\_\_\_
- \$250.00 application fee \_\_\_\_\_  
(\$200.00 refundable if child is not accepted.)
- Interview \_\_\_\_\_

First Christian Academy admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the academy.

-Child's Name: \_\_\_\_\_  
(Last) (First) (Middle)

-Birth Date \_\_\_\_\_ Sex \_\_\_\_\_ Ethnicity \_\_\_\_\_ Age \_\_\_\_\_

-Church \_\_\_\_\_ Denomination \_\_\_\_\_

-Would you welcome a visit from the ministerial staff of First Baptist? \_\_\_\_\_

-Previous School \_\_\_\_\_ Grade Completed \_\_\_\_\_

-Address of school \_\_\_\_\_ City/State/Zip \_\_\_\_\_ phone \_\_\_\_\_

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-Mother's Name \_\_\_\_\_ -Father's Name \_\_\_\_\_

-Address \_\_\_\_\_ -Address \_\_\_\_\_

-City \_\_\_\_\_ - City \_\_\_\_\_

-State/Zip \_\_\_\_\_ -State/Zip \_\_\_\_\_

-Email address \_\_\_\_\_ -Email address \_\_\_\_\_

-Home Phone \_\_\_\_\_ -Home Phone \_\_\_\_\_

-Cell Phone \_\_\_\_\_ -Cell Phone \_\_\_\_\_

-Employer \_\_\_\_\_ -Employer \_\_\_\_\_

-Occupation \_\_\_\_\_ -Occupation \_\_\_\_\_

-Work phone \_\_\_\_\_ -Work phone \_\_\_\_\_

-Church attending \_\_\_\_\_ -Church attending \_\_\_\_\_

-Custodial parent: Mother \_\_\_\_\_ Father \_\_\_\_\_ Both \_\_\_\_\_ Other \_\_\_\_\_

-Name of person financially responsible: \_\_\_\_\_

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1. Has your student ever been retained or repeated a grade? \_\_\_\_\_

2. Has your student had any disciplinary difficulties? \_\_\_\_\_

3. Has your student had any academic problems? \_\_\_\_\_

4. Has your student ever been tested/evaluated or diagnosed for learning disabilities (IEP)? \_\_\_\_\_

5. Has your student ever been tested/evaluated or diagnosed for Attention Deficit Disorder? \_\_\_\_\_ Medicated? \_\_\_\_\_

6. Are there any medical problems we need to be aware of? \_\_\_\_\_

If yes, please explain \_\_\_\_\_

We encourage parents to volunteer at First Christian Academy. Please check any and all areas that you would be interested in volunteering in:

- |  |   |
|--|---|
| <input type="checkbox"/> <b>Reading tutor</b>              | <input type="checkbox"/> <b>Math tutor</b>              |
| <input type="checkbox"/> <b>Physical Education (PE)</b>    | <input type="checkbox"/> <b>Art</b>                     |
| <input type="checkbox"/> <b>Music</b>                      | <input type="checkbox"/> <b>Story reading/media</b>     |
| <input type="checkbox"/> <b>Science Lab</b>                | <input type="checkbox"/> <b>Computer Lab</b>            |
| <input type="checkbox"/> <b>Spanish</b>                    | <input type="checkbox"/> <b>Latin</b>                   |
| <input type="checkbox"/> <b>Laminating</b>                 | <input type="checkbox"/> <b>Chapel</b>                  |
| <input type="checkbox"/> <b>Fund raising</b>               | <input type="checkbox"/> <b>Contributing money</b>      |
| <input type="checkbox"/> <b>Reception desk</b>             | <input type="checkbox"/> <b>BoxTops for Education</b>   |
| <input type="checkbox"/> <b>Grandparents' Club Officer</b> | <input type="checkbox"/> <b>Missions Projects</b>       |
| <input type="checkbox"/> <b>Basketball Coach</b>           | <input type="checkbox"/> <b>Baseball Coach</b>          |
| <input type="checkbox"/> <b>Flag Football Coach</b>        | <input type="checkbox"/> <b>FCA School Board Member</b> |
| <input type="checkbox"/> <b>Substitute Teacher</b>         | <input type="checkbox"/> <b>Chapel</b>                  |
| <input type="checkbox"/> <b>Lunchroom Helper/aide</b>      |   |

The submission of an application does not constitute acceptance. After the interview, the decision regarding admission will be made as soon as possible. Parents affirm their decision to enroll the student in the school by submitting a signed Financial Agreement. I understand that this application will not be processed unless all questions have been completed and the application has been signed and returned with the application fee. Presentation of false information or omission of pertinent information on this application and/or during an interview will constitute grounds for dismissal from First Christian Academy with no refund of tuition or fees.

I have read the policies of First Christian Academy and I agree with them and expect my child to abide by them. I will cooperate with First Christian Academy to my fullest capability and support its mission, ministry, goals, programs, administration, and faculty.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Parent/Guardian