

# Application for Admission

## PERSONAL INFORMATION

*Please print or type.*

GRADE ENTERING \_\_\_\_\_

Student's Name \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth \_\_\_\_\_

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Employer's Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

If self employed, type of business \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Employer's Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

If self employed, type of business \_\_\_\_\_

Marital Status: Married \_\_\_\_ Single Parent \_\_\_\_ Student lives with: Both Parents \_\_\_\_ Father \_\_\_\_ Mother \_\_\_\_

If student lives with someone other than parent, please explain \_\_\_\_\_

Older brothers and sisters (names and ages) \_\_\_\_\_

Reasons you would like your child to attend FCA \_\_\_\_\_

## FAMILY INFORMATION

What are some hobbies or special interests your child enjoys? \_\_\_\_\_

Please tell something about the strengths of your child \_\_\_\_\_

Please tell something about the weaknesses of your child \_\_\_\_\_

What motivates your child to learn? \_\_\_\_\_

What one character trait of your child do you value the greatest? \_\_\_\_\_

What contribution(s) does your child make to the family (e.g. household chores, etc.)? \_\_\_\_\_

How do you see the school working together with your home in regards to the total education of your child?

ACADEMIC/MEDICAL INFORMATION

School (last or currently) attending \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Last grade completed \_\_\_\_\_ Principal's name \_\_\_\_\_ Teacher's name \_\_\_\_\_

Where does your child rank academically in school? Above average \_\_\_\_\_ Average \_\_\_\_\_ Below average \_\_\_\_\_

Has your child had any scholastic difficulties in school? Yes \_\_\_\_\_ No \_\_\_\_\_ if so, include any information about having to repeat any grades or academic expulsion. \_\_\_\_\_

Has your child had any serious discipline problems, been suspended or expelled from school? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain \_\_\_\_\_

Has your child had any involvement with drugs, smoking or alcoholic beverages? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain \_\_\_\_\_

Does your child have any known mental, emotional, or physical handicap which may affect his/her activities or progress at school? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain \_\_\_\_\_

Does your child currently take prescribed medication (Ritalin, etc.) ? Allergies? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain \_\_\_\_\_

Has your child ever been absent for a long period of time? Allergies? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain \_\_\_\_\_

Please give any significant information about your child (awards, achievements, sports, etc.) \_\_\_\_\_

In what organizations or activities is your child engaged? \_\_\_\_\_

\*\* Please enclose a copy of your child's most recent report card.

CHURCH INFORMATION

Name of church you attend as a family \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Length of association \_\_\_\_\_ Pastor's name \_\_\_\_\_

Family church attendance: Members \_\_\_\_\_ Attenders \_\_\_\_\_ Occasional \_\_\_\_\_ Both parents attend church: yes \_\_\_\_\_ no \_\_\_\_\_

Student's Sunday School/Youth Program attendance at church-Regular attender \_\_\_\_\_ Occasional \_\_\_\_\_ Seldom \_\_\_\_\_

We would like at least one of the parents to explain their testimony of Christian faith: \_\_\_\_\_

I/we am/are not Christian, but have a desire to learn about the Christian faith. \_\_\_\_\_

## GENERAL POLICY GUIDELINES

Upon acceptance into Fillmore Christian Academy, we hereby agree to support the school in the administration of its philosophy and policies. We are aware that all subjects are taught from the perspective of Biblical Christianity and that the Word of God is never compromised in the programs or activities of FCA.

We will encourage obedience to the standards of the school, and will commit ourselves to wholehearted, positive cooperation with our child's teacher.

We will give our active support to the school program in every way possible and will work at being regular attendees at school functions which are planned for parents, and in reviewing homework and checking on papers brought home.

We agree to support the school Discipline Policy/Consequence Procedures, and, if requested, will personally come to the school as required. Note: FCA does not employ corporal punishment in its correctional process.

We agree that if our child should become involved in any trouble with another student in the school, we will in no case complain to any other parent, but with Christian love and prayer, we will seek to resolve the problem first with the party/parties with whom there is a disagreement. If we cannot resolve our differences, we agree to address our concerns with the Teacher and/or the Board of Trustees of Fillmore Christian Academy, rather than seeking resolution by a civil court.

We agree that attending FCA is a privilege. We agree that our child will be held accountable to all published school rules. We understand that the school reserves the right to dismiss any student who does not respect its spiritual standards, does not cooperate in the educational process, or violates the rules or spirit of the rules as spelled out in the Student/Parent Handbook.

In the event of any harm or injury to my child (ren), we hereby release Fillmore Christian Academy and Faith Community Church from any liability. This includes injury during regular or after school hours as a result of normal school play, sports, disobedience to school rules, or leaving campus without permission.

In the even of a major disaster (earthquake, fire, etc.) we authorize Fillmore Christian Academy to use its discretion in evacuation procedures and other care as relates to our child.

We understand that tuition covers only a portion of the cost of educating our child. We agree to support with our participation in fund-raisers, as well as our commitment to volunteer hours.

The school reserves the right to change or amend existing policy for what is deemed in the best interest of the school. We understand all students are accepted on a probationary basis.

Please note: Immunization Records are required for all students. Physical Examination Certificate required for First Graders.

## AGREEMENT

As the parent /guardian of the student name on this application, I/we have read the Disaster Information and General Policy Guidelines and understand their contents and **HEREBY AGREE TO THESE TERMS AND CONDITIONS.**

Father's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Father's/Guardian's Name \_\_\_\_\_

Mother's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Mother's/Guardian's Name \_\_\_\_\_



There is a 5% discount to any family who pays for the entire year in one lump sum by July 1, 2010, these amounts are as follows:

Kindergarten:	1 <sup>st</sup> child:	\$3078.00
	2 <sup>nd</sup> child:	\$2770.20
	3 <sup>rd</sup> child:	\$2616.30

Grades 1 <sup>st</sup> -6 <sup>th</sup> :	1 <sup>st</sup> child:	\$3762.00
	2 <sup>nd</sup> child:	\$3385.80
	3 <sup>rd</sup> child:	\$3197.70

Grades 7 <sup>th</sup> -8 <sup>th</sup> :	1 <sup>st</sup> child:	\$3876.00
	2 <sup>nd</sup> child:	\$3488.40
	3 <sup>rd</sup> child:	\$3294.60

#### **MONTHLY PAYMENTS:**

All families wishing to make monthly tuition payments must sign the **Electronic Funds Transfer Authorization Form** for automated payments. The payment date is the 10<sup>th</sup> of the month. The **Electronic Funds Transfer Authorization Form** must be submitted with your child's registration. The payment period for annual tuition is June through May. **Monthly payments will no longer be accepted in the school office.**

**S.A.L.T (Serving And Laboring Together)** is a process whereby we encourage parents to get involved with their child(ren) at school by volunteering their time in a variety of ways. Parents are required to volunteer ten (10) hours per year, per family, or they can elect to pay a fee for part, or all, of the required hours. It is our sincere hope that parents will volunteer their time as we believe it is a critical ingredient in the academic success achieved by students at FCA.

S.A.L.T. Fee for each family: \$200 (\$20/hr)

#### **School Hours:**

Kindergarten:	8:00 a.m. – 12:00 p.m.
1 <sup>st</sup> & 2 <sup>nd</sup> :	8:00 a.m. – 2:45 p.m.
3 <sup>rd</sup> & 4 <sup>th</sup> :	8:00 a.m. – 2:45 p.m.
5 <sup>th</sup> - 8 <sup>th</sup> :	8:00 a.m. – 2:45 p.m.

On minimum days all students are dismissed at 12:00 p.m.

**The California Immunization Law** requires that children must be immunized before they attend school in California.

Kindergarten applicants must present their child's immunization record to school staff prior to admission. Immunization records must include Polio, DTP, MMR, Hepatitis B and Varicella (chicken pox).

First grade students are required to have a doctor complete a Report of Health Examination before school entry. Applicants must present the report to school staff prior to admission.

New students, at any grade level, must present and up-to-date immunization record and a birth certificate.

I DO HEREBY AGREE TO THESE TERMS AND CONDITIONS. I ALSO AGREE TO PAY ANY ADDITIONAL FEES WHICH ARISE, WHICH INCLUDE SCHOOL SHIRTS, UNIFORMS, SPECIAL ACTIVITIES, ETC.

Father's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Father's/Guardian's Name \_\_\_\_\_

Mother's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Mother's/Guardian's Name \_\_\_\_\_

### **FINANCIAL POLICY AGREEMENT**

Fillmore Christian Academy (FCA) is a non-profit 501(C)(3) Corporation. We are a ministry to families who desire a Christ-centered, quality education for their children. Each year tuition rates and fees are set by the FCA School Board. The school operates primarily from tuition, fees, and gifts received by FCA. A yearly budget is established to ensure accountability and wise stewardship in the use of all money received, and this budget is monitored by the FCA School Board. Tuition is our primary source of income. It is vital that all FCA families understand their financial commitments to the school and faithfully pay all tuition and other fees on time.

\* I agree to pay all applicable application fees, registration fees, S.A.L.T. fees, E-Scrip fees and to pay tuition as defined in the Registration/Financial Information form I received.

\* I understand that if the school doesn't receive my tuition payment by the tenth (10<sup>th</sup>) day of the current month in which it is due, a late charge of \$25.00 will be charged to my account and an additional \$25.00 will be charged if the account is delinquent 30 days.

\* If I have not paid my monthly tuition (including late fees) in full and it becomes delinquent forty-five (45) days, **I UNDERSTAND THAT, ACCORDING TO SCHOOL POLICY, MY CHILD MAY BE PROHIBITED FROM ATTENDING SCHOOL UNTIL SUCH PAYMENT IS MADE. IN THE CASE OF ELEMENTARY STUDENTS, REPORT CARDS MAY NOT BE ISSUED.**

\* I/We would like the following tuition payment plan (please check one):

I would like the twelve (12) month payment plan with the first payment due on June 10, 2010, with succeeding payments on the tenth of every month through May 1, 2011.

I would like one (1) payment to be paid on or before July 1, 2010.

**Mandatory E-scrip program** (please check which option you prefer)

I agree to sign up with E-scrip by August 1, 2010.

In lieu of signing up with E-scrip I agree to pay an additional \$100.00 with my registration fees.

I have already signed up with E-scrip and agree to re-enroll prior to October 1, 2010.

As the parent/guardian of the student named on this application, I/we have read the Financial Information Statement and the Financial Policy Agreement and HEREBY AGREE TO THE TERMS AND CONDITIONS DESCRIBED THEREIN (BOTH PARENTS/GUARDIANS LIVING IN THE STUDENT'S HOME MUST SIGN THIS AGREEMENT).

Father's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Father's/Guardian's Name \_\_\_\_\_

Mother's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Mother's/Guardian's Name \_\_\_\_\_

## EMERGENCY MEDICAL RELEASE

It is necessary for Fillmore Christian Academy to make provisions for emergency medical aid in case of accident on school trips or school grounds. This form will be carried by the drivers on all trips, and will be on file in the school office. Without this form, necessary medical attention could be delayed several hours while we try to contact you.

We, the parents of \_\_\_\_\_ give permission for our child to go on school field trips. Also, we delegate to Fillmore Christian Academy supervising personnel the right to decide if our child requires medical attention at school or on field trips, and the choice of doctor or emergency treatment for our child, when traveling with or in the facilities of Fillmore Christian Academy.

It is understood that conscientious effort must be made to notify me or my indicated emergency persons before such action be taken. If such an effort is impossible, the uninsured expense of this service will be accepted by me.

Special Comments \_\_\_\_\_  
\_\_\_\_\_

### **EMERGENCY INFORMATION:**

Home # \_\_\_\_\_ Father Work # \_\_\_\_\_ Father Cell # \_\_\_\_\_

Mother Cell # \_\_\_\_\_ Mother Work # \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Dentist's Name \_\_\_\_\_ Phone \_\_\_\_\_

Hospital: 1<sup>st</sup> choice \_\_\_\_\_ 2<sup>nd</sup> choice \_\_\_\_\_

### **EMERGENCY NAMES\***

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

\* These people are also authorized to pick my children up from school.

Father's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Father's/Guardian's Name \_\_\_\_\_

Mother's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Mother's/Guardian's Name \_\_\_\_\_

# SPECIAL PERMISSION FORM/DISASTER INFORMATION

Permission is granted for:

\_\_\_\_\_ is to be given appropriate medical care in case of an  
Student Name Date of Birth  
emergency and I will assume responsibility for payment of physician's or hospital care.

Father's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Father's/Guardian's Name \_\_\_\_\_

Mother's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Mother's/Guardian's Name \_\_\_\_\_

Above-named student to go on supervised field trips.

Father's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Father's/Guardian's Name \_\_\_\_\_

Mother's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Mother's/Guardian's Name \_\_\_\_\_

In case of serious illness or injury at school and YOU CANNOT BE REACHED:

Family physician \_\_\_\_\_ Phone \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Private Insurance \_\_\_\_\_ Phone number \_\_\_\_\_

Cert # \_\_\_\_\_ Group # \_\_\_\_\_ Subscribers Date of Birth \_\_\_\_\_

## DISASTER INFORMATION

Please list three (3) individuals to whom the school could release your student in the event of a disaster (e.g. earthquake, flood, toxic cloud, etc.). California regulations state that a school can only release students to a legal parent/guardian or someone officially designated by the parents on file in the school office. (Note: If no names are provided, the student will **ONLY** be released to a parent/guardian in the event of a disaster.)

Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Relationship \_\_\_\_\_