

Faith Christian Academy ~ Application for Admission

* Student enrollment at FCA is contingent upon acceptance.

Was this application printed off our website? Y ___ N ___ Would you like to schedule a meeting/tour? Y ___ N ___ Already Have ___

School Year _____

Student's Legal Name: _____
First Middle Last

Nickname (or name preferred for classroom use): _____

Sex: M ___ F ___ Birthdate _____ Age: _____

CHECK HERE IF THIS IS A NEW ADDRESS

Home Address: _____
Street City State Zip

Mailing Address: _____
 CHECK HERE IF THIS IS A NEW EMAIL

Home Phone: _____ E-mail _____

Please list ALL other households in which the student resides:

*PLEASE PROVIDE A COPY OF CUSTODY AGREEMENT, AND UPDATED AGREEMENTS, IN THE EVENT OF CHANGES.

*Parties jointly caring for the student experience the most efficient communication for their child's care and education when they share (with each other) any pertinent information for FCA during enrollment and throughout the school year.

Father's Name: _____ Employer: _____
(Or Custodian's) Title First Last

Work Phone: _____ Cell: _____

*Father's Home Phone (if different from student's) _____

Mother's Name: _____ Employer: _____
(Or Custodian's) Title First Last

Work Phone: _____ Cell: _____

* Mother's Home Phone (if different from student's) _____

CHECK HERE IF ANY OF THE ABOVE NUMBERS ARE NEW/DIFFERENT FROM WHAT WE'VE HAD ON FILE

***Please # in order of best to try first for making contact during school hours:**

___ HOME ___ MOM CELL ___ DAD CELL ___ MOM WORK ___ DAD WORK

Please list three local emergency contacts for your child:

(that we may call any time parents can't be reached in the event of illness/injury, or for alternate school pick-up)

Name/Relation

Phone Number(s)

CHECK HERE IF ANY OF THESE CONTACTS ARE NEW/DIFFERENT THEN WHAT WE'VE HAD ON FILE

Name of school last attended: _____

Has your child been home schooled? If so, please list what grade years (i.e.K-7th): _____

School grade most recently completed _____ Date completed _____
(IF FILLING THIS OUT DURING THE PRIOR SCHOOL YEAR, ENTER THE EXPECTED INFO. FOR THE NEXT SCHOOL YEAR)

Has your child been identified as having a learning disability? _____

What special services has your child ever received? (reading, speech, etc.) _____ If services are still being given and/or needed, please explain: _____

Has your child been expelled or suspended from a school? Yes _____ No _____

What is your reason for entering your child in this school?

Does your child have any physical or other health concerns? _____ If yes, please explain. _____

What would you like us to know about your child that would help us to best meet his or her educational needs? _____

Does your family have a home church? Yes ___ No ___ If so, please list church name: _____

Parent/Guardian Signature Date

Parent/Guardian Signature Date

*Please note, **new students enrolling who have attended another school previously** may be asked to sign a release form for a confidential Teacher Survey (from their previous teacher) prior to enrollment.

Application P2

Office Use Only	
Birth Certificate on file	_____
Immunization on file	_____
Custody agreement if app.	_____
Medical Release on file	_____
Field Trip Release on file	_____
Photo Release on file	_____
Enrollment Date	_____
Internet Agreement	_____
Faith Statement	_____
Book Fee	_____
Reg. Fee	_____
Contract	_____
Former Teacher's Evaluation	_____
Withdrawal/Graduation Date:	_____

Faith Christian Academy

1004 Dresslerville Road, Gardnerville, NV, 89460 • (775) 265-0688

TUITION CONTRACT

SCHOOL YEAR _____

*One contract/family- list all siblings enrolling & return with oldest child's application/enrollment pack

Parent's	Name _____	Phone (_____)	
Address			
	Street	City	Zip
Child's Name	_____	Grade	_____
Child's Name	_____	Grade	_____
Child's Name	_____	Grade	_____
Child's Name	_____	Grade	_____
Child's Name	_____	Grade	_____
Child's Name	_____	Grade	_____

*We look forward to having your child(ren) at our school, and we praise God for the opportunity to serve you and your child(ren).

The following is our agreement concerning tuition for this year:

The total amount of our contract is \$ _____
--

We are providing an installment plan to make the tuition payments more manageable. This plan allows you to make 10 equal payments of \$_____ starting September 1st with each consecutive payment due on the 1st of each month. Payments are late after the 10th. Please note that all other charges (i.e. late fees, book fees, etc.) will always be paid before your monthly tuition amount. If tuition payments are received after the 15th of the month, a \$10.00 late fee will be charged to your account. A monthly statement or invoice of your account will be sent indicating the balance due for tuition and any other charges. In the event your account becomes 30 days delinquent, a billing service charge will be added to the account balance, computed using an 18% annual percentage rate. In the event your account becomes 60 days delinquent during the school year, one of the following remedies will be taken:

1. Payment in full of your past due balance or suspension of your child(ren) from school;
2. Payment in full of your past due balance and the initiation of an automatic withdrawal from your bank account to be paid to the school;
3. Payment in full of your past due balance and the remaining unpaid amount of your contract in full.

We encourage you to be a faithful steward of the responsibility which God has entrusted to you. Should you, during the term of our agreement, find it difficult to comply for any reason, please contact us so we can partner in discussing the situation and possible solutions.

☐ Check here if you plan to make some other arrangement (like two equal payments within the year, etc.) and write your plan on the bottom of this form.

<input type="checkbox"/> I elect to make full payment by the start of the school year	<input type="checkbox"/> I elect the 10 month payment plan
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Signature _____ **Date** _____

* **Signature (of the person(s) guaranteeing payment of the account), date, and total amount MUST** be filled in before this form is returned in order for it to be legitimate. Also, the **monthly amount** should be filled in if you choose monthly payments. For your convenience a worksheet & the current tuition table are following this page. Please be sure to complete this contract in its entirety to prevent delays in the enrollment process.



Tuition and Fees 2016-2017

Book & Material Fees: K-6: \$150/Year & 7-8: \$250/Year

Enrollment Fee (one time for new students): \$90

Grade Level and Family Order	Annual Base Tuition	Monthly (10 payments, September - June)
<u>Kindergarten</u> 8:30-12:30		
<i>1st in family</i>	<i>\$2,780</i>	<i>\$278.00</i>
<i>2nd in family</i>	<i>\$2,641</i>	<i>\$264.10</i>
<i>Additional students above two</i>	<i>\$2,508</i>	<i>\$250.80</i>
<u>Grades 1-6</u>		
<i>1st in family</i>	<i>\$3,919</i>	<i>\$391.90</i>
<i>2nd in family</i>	<i>\$3,722</i>	<i>\$372.20</i>
<i>Additional students above two</i>	<i>\$3,536</i>	<i>\$353.60</i>
<u>Grades 7-8</u>		
<i>1st in family</i>	<i>\$4,172</i>	<i>\$417.20</i>
<i>2nd in family</i>	<i>\$3,963</i>	<i>\$396.30</i>
<i>Additional students above two</i>	<i>\$3,764</i>	<i>\$376.40</i>



FAITH CHRISTIAN ACADEMY
Medication Release Forms

* If your child has no medication needs at this time, please keep this form at home (it may be needed for future use).

OVER-THE-COUNTER

My child, _____, requires medication during the school day. In the case of over-the-counter medication, I agree to deliver the medication to the school office in the original container. (Please consult your physician before asking us to administer aspirin to your child).

Over-the-counter medication:

I authorize the school to assist my child in taking his/her medication, and I agree that I will not hold liable the school, or any individual of official capacity who is directed by myself and/or the school administration to assist my child in taking said medication.

MEDICATION: _____

DOSAGE: _____ TIME(S) TO BE GIVEN: _____

REASON(S) NEEDED: _____

SPECIFIC INSTRUCTIONS:

PARENT SIGNATURE

DATE

PRESCRIPTION

***PRESCRIPTION MEDICATION MUST BE DELIVERED TO THE SCHOOL BY PARENT/GAURDIAN WITH THE PHARMACY LABEL AFFIXED, INCLUDING THE CHILD’S NAME, PHYSICIAN’S NAME, DATE MEDICATION WAS PRESCRIBED, & THE NAME OF THE MEDICATION. THE STATEMENT BELOW, OR ANOTHER FORM USED BY YOUR PHYSICIAN WITH THIS INFORMATION, MUST ACCOMPANY THE PRESCRIBED MEDICATION.**

PHYSICIAN’S STATEMENT:

The above named child, _____, requires medication during the school day as follows:

MEDICATION: _____

DOSAGE: _____ TIME TO BE GIVEN: _____

SPECIAL INSTRUCTIONS:

THIS ORDER IS IN EFFECT UNTIL: _____

PHYSICIAN’S SIGNATURE

DATE

***PLEASE BE SURE TO COLLECT ANY UNUSED MEDICATION, OR EMPTY CONTAINERS OF MEDICATION, YOU’VE PROVIDED FOR YOUR CHILD WHEN THEY ARE DONE WITH IT. DO NOT LEAVE IT AT FCA. Thank you ☺**



SUPPLEMENTAL HEALTH FORM

Student's Name: _____ *Age:* ____ *Birth Date:* _____

Home Address: _____
Street City State Zip

Home Phone: _____ *Health Insurance Provider:* _____

Policy No.: _____ *Insurance Company:* _____

Name of Policy Holder: _____ *Physician's Name:* _____

Is your child presently under any treatment for:

Heart Disease: _____ *Rheumatic Fever:* _____

Asthma: _____ *Diabetes:* _____

Allergies: _____ *Other:* _____

****PLEASE NOTE THE LEVEL OF TREATMENT FOR ANY OF THESE ILLNESSES (OR OTHER ILLNESSES) PRESENTLY ADMINISTERED TO YOUR CHILD.***

Are there any restrictions to your child's activity: _____ *Please explain:*

List any medications your child is presently taking. Please list what and how often:

Is your child allergic to any medications which may be administered in an emergency situation by a licensed physician? _____

Are there any further instructions we need to be made aware of regarding the care of your child? _____



STUDENT FIELD TRIP PERMIT

Student's Name: _____ Age: _____ Birth Date: _____

Home _____ Address: _____
_____ Street _____ City _____ State _____
Zip _____

Home Phone: _____

I(We) hereby consent to have my(our) child participate in field trips supervised by the teaching staff away from school grounds. I understand that I will be notified in advance of the destination, time, and date of any and all field trips sponsored by Faith Christian Academy.

I authorize Faith Christian Academy and/or its representatives to call an emergency ambulance in case of accident or acute illness, and to arrange for necessary emergency medical and surgical care in the event I(we) am(are) not immediately available. Any qualified physician called by Faith Christian Academy may treat and do whatever is deemed necessary for health and well being of my child.

I understand that a conscientious effort must be made to notify me(us) before such action will be taken. I/We also agree to accept responsibility for the cost of the above medical services.

CHECK HERE IF THIS IS A NEW PHYSICIAN FOR YOUR CHILD

PHYSICIAN'S NAME: _____ PHONE: _____

ADDRESS: _____

_____ Street _____ City _____ State _____
Zip _____

MOTHER'S NAME: _____ WORK/CELL PHONE(S) : _____
(or custodian)

FATHER'S NAME: _____ WORK/CELL PHONE(S) : _____
(or custodian)

EMERGENCY CONTACT IF UNABLE TO REACH PARENTS:

NAME: _____ PHONE: _____

Father/Custodian Signature Date

Mother/Custodian Signature Date



*In the event of an emergency where medical treatment is required, I (We) give my (our) permission to Faith Christian Academy and/or their representatives to obtain the services needed to treat our child, _____.
(child's name)*

Furthermore, I/We do hereby consent to any X-Ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of, any physician and/or surgeon licensed under the provision of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at office of said physician or at said hospital. This authorization is given in advance of any specific diagnosis, treatment or hospital care rendered but is given to provide authority to Faith Christian Academy and/or its representatives for any and all such diagnosis, treatment or hospital care which the aforementioned physician, in the exercise of his best judgment may deem advisable.

_____ Date: _____
Custodial Father's Signature

_____ Date: _____
Custodial Mother's Signature



 **STATEMENT OF FAITH:**

WE BELIEVE that there is one living and true GOD, eternally existing in three persons: the Father, the Son, and the Holy Spirit, equal in power and glory: that this triune God created all, upholds all, and governs all.

WE BELIEVE that the SCRIPTURES of the Old and New Testaments are the Word of God, fully inspired without error in the original manuscripts, and the infallible rule of faith and practice.

WE BELIEVE in GOD THE FATHER, an infinite, personal Spirit, perfect in holiness, wisdom, power and love, that He concerns Himself mercifully in the affairs of men; that He hears and answers prayer; and that He saves from sin and death all who come to Him through Jesus Christ.

WE BELIEVE in JESUS CHRIST, God's only begotten Son, conceived by the Holy Spirit. We believe in His virgin birth, sinless life, miracles and teachings, His substitutionary atoning death, bodily resurrection, ascension into heaven, perpetual intercession for His people and personal, visible return to earth.

WE BELIEVE in THE HOLY SPIRIT, Who came forth from the Father and Son to convict the world of sin, righteousness, and judgment, and to regenerate, sanctify and empower for ministry all who believe in Christ; we believe the Holy Spirit indwells every believer in Jesus Christ and that He is an abiding Helper, Teacher and Guide. We believe in the present ministry of the Holy Spirit and in the exercise of all the Biblical gifts of the Spirit.

WE BELIEVE that all PEOPLE are sinners by nature and choice and therefore, are under condemnation; that God regenerates by the Holy Spirit those who repent of their sins and confess Jesus Christ as Lord; that Jesus Christ baptizes the seeking believer with the Holy Spirit and power for service, often subsequent to regeneration.

WE BELIEVE in the universal CHURCH, the living spiritual body, of which Christ is the Head and all regenerated persons are members.

WE BELIEVE that the Lord Jesus Christ committed two ORDINANCES to the Church: 1) baptism, and 2) the Lord's Supper. We believe in baptism by immersion and communion open to all believers.

WE BELIEVE in the personal, visible RETURN OF CHRIST to earth and the establishment of His Kingdom, in the resurrection of the body, the final judgment and eternal blessing of the righteous and endless suffering of the wicked.

WE BELIEVE that legitimate sexual relations are exercised solely within marriage. The Calvary Chapel "Statement of Faith" further elaborates upon this matter.

WE BELIEVE marriage has been ordained by God. This Church recognizes marriage as exclusively the legal union of one man and one woman in which such union is a lifetime commitment. (Genesis 1:26-28; Malachi 2:15 and Mark 10:6-9)

WE BELIEVE that in order to maintain the integrity of the Church and our biblical witness that every minister, board member, employee, or volunteer shall affirm their agreement with the full Statement of Faith and shall conduct themselves in a manner that is consistent therewith.

At least one parent of students enrolling from outside the school must be a Christian who is in agreement with the Calvary Chapel "Statement of Faith," who is not participating in practices that are in known violation of law, or are inconsistent with the Calvary Chapel "Statement of Faith" including, but not limited to, the provision on human sexuality. (The full statement on human sexuality is available to parents of prospective or current students in the school office.)

-----please sign below, detach here, and return bottom portion-----



Parent/ Student Statement of Faith K-6th Signature Form 

*Please note Faith forms are different for Middle School & Elementary, only fill out what applies to your student(s)

Enrollment Requirement:

We have found that the Christian education experience is most successful when parents and teachers are co-laboring in the spiritual education of our students. For this reason, we require at least one parent be a Christian as outlined in the *Calvary Chapel Statement of Faith* and that parents be committed to communicating according to Biblical standards.

* I agree to support my child in his or her Christian walk, including his or her education. I affirm that I am a "born again Christian" who knows the Lord Jesus as Savior. (John 3:3, I Peter 1:23)

Parent/Guardian Signature

Date

Name of Student



Parent/ Student Statement of Faith Signature Form 7th-8th Grade

*Please not Faith forms are different for Middle School & Elementary, only fill out what applies to your student(s)

Please read the following material carefully. Sign the appropriate blanks, attach the student admission essay to this paper (for new students & returning students who are just entering middle school for the first time), and return to the FCA school office.

What does it mean to be a Christian? When a person becomes a Christian, there is a definite point in his or her life when he or she comes before the Lord Jesus Christ and gives his life back to the God who created him. This is a commitment that each person must make on his own. If you have never bowed your head and asked Jesus into your heart you might want to consider this choice now.

Once a person gives his life to Jesus, the Lord enters his heart and makes him a new creation. Simply going to church does not make a person a Christian any more than going to your garage makes you a car. Church is important to a believer’s growth and maturity, but the bottom line is that a true believer *believes*.

Each student enrolling in seventh and eighth grades **for the first time** is required to submit an ungraded essay when their enrollment packet is returned (or soon after). The essay is due prior to enrollment acceptance and should be whatever length is necessary (one paragraph or several pages) for the applying student to fully express themselves and adequately describe the following:

- Their reasons for personally desiring to enroll at FCA.
- How he or she became a Christian.

Only students who desire a distinctly Christian education and environment, who have become Christians themselves, and who are willing to live as Christian role models (as interpreted by the school board, using biblical principles) will be considered for enrollment. Enrollment privileges will be withdrawn if, during the course of a year, the student’s desires and commitments change on any of these three points.

Faith Christian Academy also requires that at least one parent of each seventh or eighth grade student be a Christian.

Seventh graders must be no older than 13 years old on September 30th of the year of enrollment. Eighth graders must be no older than 14 years old on September 30th of the year of enrollment.

Please sign and return the bottom portion of this document.

Student:

I affirm that I have become a Christian, and that I want to have a Christian education. I am committed to living as a Christian role model.

Student Signature

Date

Parents:

I affirm that at least one parent of this student is a Christian who is in agreement with the Calvary Chapel “Statement of Faith” and is committed to communicating according to Biblical standards, who is not participating in practices that are in known violation of law, or are inconsistent with the Calvary Chapel “Statement of Faith” including, but not limited to the provision on human sexuality. (The full statement on human sexuality is available to parents of prospective or current students in the school office). I agree to support my child in his or her Christian walk, including his or her education. I attest to the fact that my child meets the age requirements for his or her grade level.

Parent/Guardian Signature

Date

FAITH CHRISTIAN ACADEMY 3RD- 8TH GRADE COMPUTER/INTERNET USAGE AGREEMENT

Access to the Internet is a wonderful opportunity to interact with the world at large. The opportunity brings with it a number of responsibilities. In order to use the internet services available at FCA, you must read the following information and sign the computer/internet agreement that follows.

1. The use of any FCA computer which provides access to the Internet is a privilege which may be revoked by instructors, staff, or administrators at any time for abusive or inappropriate conduct. Such conduct would include, but is not limited to, the placing of unlawful information on or through the computer, system, accessing another person's files or e-mail, and the use of obscene, abusive, or otherwise objectionable language or images in either public or private files or messages.
2. FCA reserves the right to inspect any material stored in files to which users have access. Users of the computers/Internet will not use their account to obtain, view, download, or otherwise gain access to potentially objectionable materials. This includes text materials, video images, or sound files that may be considered objectionable.
3. FCA's Internet access is provided for educational purposes under the direction of the staff, with staff present any time students use the internet. Non-educational use is not allowed.
4. Rules and regulations of system usage will be added and posted from time to time by the faculty/administrators. Users of computers/Internet are subject to these rules and regulations.
5. Deletion, examination, copying, or modification of files and/or data belonging to other users without their prior consent is prohibited.
6. Commercial software is placed on the computer for the use and convenience of students and staff. Any unlawful use such as the copying of copyrighted material without the express written permission of the owner or the proper license is prohibited.
7. Any unauthorized, deliberate action which damages or disrupts a computing system (including the willful introduction of computer "viruses" or other disruptive/destructive programs), alters its normal performance, or causes it to malfunction is prohibited. Intentional attempts to "crash" network systems or programs are punishable disciplinary offenses.
8. Students shall not add our physical location to be a part of any online games.
9. At designated times students will be permitted to bring personal technology devices to school for certain lessons/activities. All internet rules above apply to those devices when at school. FCA is not liable or responsible for loss or damage to students' personal devices.

COMPUTER/INTERNET USAGE AGREEMENT

I have read the Faith Christian Academy Computer/Internet Usage Agreement, understand it, and agree to adhere to the principles and procedures listed within. I also understand that additional rules and regulations may be added from time to time and that they become a part of this agreement. Should I break this agreement, I understand that I may lose all computer/Internet privileges and further disciplinary action(s) may be required.

Student Signature	Parent/Guardian Signature
Date	Date