

**FIRST CHRISTIAN ACADEMY** 

24530 NW 199th Lane, High Springs, FL 32643



## **ENROLLMENT APPLICATION 2024-2025**

**DIRECTIONS:** Please **PRINT**. Enrollment fees **must** be paid with completed application. All forms and fees go to Front Office.

STUDENT INFORMATION:	<b>DEMOGRAPHICS</b> : For both accreditation and <b>scholarship</b>
Name:	funding, we <u>are required to maintain specific demographic</u> information. Thank you for completing this section.
Last First Middle	
Goes by / Nickname:	Ethnicity: (Check all that apply.)
Current Age:/	American Indian, Alaska Native Hispanic, Latino  Asian, Pacific Islander White, Caucasian
☐ Female ☐ Male Entering Grade:	Black, African-American
Has your child ever repeated a grade? No Yes	Religion: Do you attend church? Yes No
If yes, which grade/where?	Name of Church:
Does child have any diagnosed health conditions, disabilities, or disorders? (Such as ADHD, Autism, Asthma, Diabetes, Dyslexia, etc)	Socio-Economic: Will your child attend FCA using any form of financial aid or
□ No □ Yes If yes, please explain:	scholarship? Yes No If yes, which type?
Does child have an IEP, ISP, or 504 Plan?  No Yes If yes, please explain:	FTC FES-UA FES-EO HOPE AAA  PHOTO AUTHORIZATION:
Does child take any medications regularly? \( \subseteq \text{No} \subseteq \text{Yes} \)  If yes, please list: \( \subseteq \text{Ves} \)	I understand that photographs of my child may be taken throughout the year, and I give my permission for those pictures to be used in school publications, school social media pages, or on the school
Does child have any food and/or medication allergies?  ☐ No ☐ Yes If yes, please list:	website. THE <b>NAMES</b> OF INDIVIDUAL STUDENTS <b>WILL NOT BE RELEASED</b> WITH ANY PHOTOGRAPHS <b>EXCEPT</b> IN THE SCHOOL YEARBOOK.
List any siblings attending FCA and grades entering:	Yes No Initials:
	EMERGENCY CARE PERMISSION: FCA has permission to obtain
FINANCIAL ACKNOWLEDGMENT:  I understand that I am fully responsible for any and all tuition and fees not covered by my child's scholarship. Late fees will be assessed for delinquent accounts.	medical care for my child as deemed necessary. When my physician or I cannot be contacted in an emergency, FCA has permission to call for emergency services or take my child to the emergency room of the nearest hospital.  Yes No Initials:
SIGNATURE: Parent Name	EMERGENCY INFORMATION (if neither parent available):
PRINT: Parent Name	Emergency Contact:
PAYMENT PLAN: Should your child have an outstanding balance after scholarship is applied to account, please select your preferred payment plan:  Pay in Full 10-Month 8-Month (Payments begin Sept. 1) (Payments begin Sept. 1)	Relationship to Student:  Cell: () Home: ()  Name of Child's Physician:  Phone: () Location:  Insurance Company:
CIRCLE SELECTION	Policy Number:
GCHOOL PICK-UP AUTHORIZATION: In addition to the parent/guardi pick up my child from First Christian Academy. They must have photo I.D. for	
IAME:	
IAME:	
IAME:	
· ·	REVERSE SIDE OF APPLICATION. Thank youl

FAMILY INFORMATION		
Child lives with:  Both Parents Grandparent	Father Step-Mother	☐ Mother       ☐ Guardian         ☐ Step-Father       ☐ Other (explain)
MOTHER'S INFORMATION:  Mother's Name:  Primary Phone:  Email Address:  Mailing Address:  City:  State:  Zip Code:  Employer:  Position:  Work Phone:  Maternal Grandparents:  Name:  Email Address:  * FCA will include grandparents in school email comm		FATHER'S INFORMATION:  Father's Name: Primary Phone: Email Address:  Mailing Address: City: State: Zip Code: Employer: Position: Work Phone: Paternal Grandparents: Name: Email Address: * FCA will include grandparents in school email communications as
well as invitations to special events.  NEW STUDENTS ONLY: If new, please list ALL previous (Name)  (Name)  (Name)		(City) (State)
PARENT/GUARDIAN NAMES & SIGNATURES  I acknowledge that all information included on this application is honest and accurate to the best of my knowledge.  PARENT NAME (Print)  PARENT NAME (Print)		
PARENT SIGNATURE	DATE	PARENT SIGNATURE DATE
OFFICE USE ONLY:  Received: (Date)(Time)  Student Info Complete? Y / N  Photo Authorization Complete? Y / N  Demographics Complete? Y / N  Financial Sign. complete? Y / N  Emergency Permission? Y / N  Emergency Info? Y / N  Rec'd By:  If Preschool, start date:	Cash Confirm S Payment I Finance N Copies to	Office: Amt. Pd. \$  Credit Card