



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:

Name: _____
Last First Middle

Goes by / Nickname: _____

Current Age: _____ Birthday: ____/____/____

Female Male Entering Grade: _____

Has your child ever repeated a grade? No Yes

If yes, which grade/where? _____

Does child have any diagnosed health conditions, disabilities, or disorders? (Such as ADHD, Autism, Asthma, Diabetes, Dyslexia, etc...)

No Yes If yes, please explain: _____

Does child have an IEP, ISP, or 504 Plan? No Yes

If yes, please explain: _____

Does child take any medications regularly? No Yes

If yes, please list: _____

Does child have any food and/or medication allergies?

No Yes If yes, please list: _____

List any siblings attending FCA and grades entering:

DEMOGRAPHICS: For both accreditation and scholarship funding, we **are required to maintain specific demographic information**. Thank you for completing this section.

Ethnicity: (Check all that apply.)

- American Indian, Alaska Native Hispanic, Latino
- Asian, Pacific Islander White, Caucasian
- Black, African-American

Religion:

Do you attend church? Yes No

Name of Church: _____

Socio-Economic:

Will your child attend FCA using any form of financial aid or scholarship? Yes No

If yes, which type?

- FTC FES-UA FES-EO HOPE AAA

PHOTO AUTHORIZATION:

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 website. **THE NAMES OF INDIVIDUAL STUDENTS WILL NOT BE RELEASED WITH ANY PHOTOGRAPHS EXCEPT IN THE SCHOOL YEARBOOK.**

Yes No Initials: _____

EMERGENCY CARE PERMISSION: FCA has permission to obtain 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: _____

EMERGENCY INFORMATION (if neither parent available):

Emergency Contact: _____

Relationship to Student: _____

Cell: (____) _____ Home: (____) _____

Name of Child's Physician: _____

Phone: (____) _____ Location: _____

Insurance Company: _____

Policy Number: _____

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.

SIGNATURE: Parent Name _____

PRINT: Parent Name _____

PAYMENT PLAN:

Should your child have an outstanding balance after scholarship is applied to account, please select your preferred payment plan:

Pay in Full (Balance due by Sept. 1) /
 10-Month (Payments begin Sept. 1) /
 8-Month (Payments begin Sept. 1)

CIRCLE SELECTION

SCHOOL PICK-UP AUTHORIZATION: In addition to the parent/guardian (see other side), the following people will also have permission to pick up my child from First Christian Academy. They must have photo I.D. for pick-up. Please provide the required information:

NAME: _____ PHONE NUMBER: _____

NAME: _____ PHONE NUMBER: _____

NAME: _____ PHONE NUMBER: _____

PLEASE COMPLETE ALL FAMILY INFORMATION ON **REVERSE SIDE** OF APPLICATION. Thank you!

