



# FIRST CHRISTIAN ACADEMY

24530 NW 199<sup>th</sup> Lane, High Springs, FL 32643



LION PRIDE

## ENROLLMENT APPLICATION 2023-2024

**DIRECTIONS:** Please **PRINT**. The **enrollment fee** should be attached to the completed application and returned to the school office.

<p><b>STUDENT INFORMATION:</b></p> <p>Name: _____  <small>Last First Middle</small></p> <p>Goes by / Nickname: _____</p> <p>Current Age: _____ Birthday: ____/____/____</p> <p><input type="checkbox"/> Female <input type="checkbox"/> Male Entering Grade: _____</p> <p>Has your child ever repeated a grade? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, which grade/where? _____</p> <p>Does child have any diagnosed health conditions, disabilities, or disorders? (Such as ADHD, Autism, Asthma, Diabetes, Dyslexia, etc... )</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please explain: _____</p> <p>Does child have an IEP, ISP, or 504 Plan? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, please explain: _____</p> <p>Does child take any medications regularly? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, please list: _____</p> <p>Does child have any food and/or medication allergies?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please list: _____</p> <p>List any siblings attending FCA and grades entering:</p> <p>_____</p> <p>_____</p>	<p><b>DEMOGRAPHICS:</b> For both accreditation and scholarship funding, we are required to maintain specific demographic information. Thank you for completing this section.</p> <p><b>Ethnicity:</b> (Check all that apply.)</p> <p><input type="checkbox"/> American Indian, Alaska Native <input type="checkbox"/> Hispanic, Latino</p> <p><input type="checkbox"/> Asian, Pacific Islander <input type="checkbox"/> White, Caucasian</p> <p><input type="checkbox"/> Black, African-American</p> <p><b>Religion:</b></p> <p>Do you attend church? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>How often: <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Rarely <input type="checkbox"/> Other</p> <p>Name of Church: _____</p> <p><b>Socio-Economic:</b></p> <p>Will your child attend FCA using any form of financial aid or scholarship? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, which type?</p> <p><input type="checkbox"/> FTC <input type="checkbox"/> FES-UA <input type="checkbox"/> FES-EO <input type="checkbox"/> HOPE <input type="checkbox"/> AAA</p>
<p><b>PHOTO AUTHORIZATION:</b></p> <p>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 <b>NAMES</b> OF INDIVIDUAL STUDENTS <b>WILL NOT BE RELEASED</b> WITH ANY PHOTOGRAPHS <b>EXCEPT</b> IN THE SCHOOL YEARBOOK.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Initials: _____</p>	<p><b>EMERGENCY CARE PERMISSION:</b> 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.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Initials: _____</p>
<p><b>EMERGENCY INFORMATION</b> (if neither parent available):</p> <p><b>Emergency Contact:</b> _____</p> <p><b>Relationship to Student:</b> _____</p> <p><b>Cell:</b> ( ) _____ <b>Home:</b> ( ) _____</p> <p><b>Name of Child's Physician:</b> _____</p> <p><b>Phone:</b> ( ) _____ <b>Location:</b> _____</p> <p><b>Insurance Company:</b> _____</p> <p><b>Policy Number:</b> _____</p>	

**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!

**FAMILY INFORMATION**

Child lives with:  Both Parents       Father       Mother       Guardian  
 Grandparent       Step-Mother       Step-Father       Other (explain)

<b>MATERNAL INFORMATION:</b>  Mother's Name: _____ Primary Phone: _____ Email Address: _____ Mailing Address: _____ City: _____ State: _____ Zip Code: _____ County: _____ Employer: _____ Position: _____ Work Phone: _____ Maternal Grandparents: Name: _____ Email Address: _____ <i>* FCA will include grandparents in school email communications as well as invitations to special events.</i>	<b>PATERNAL INFORMATION:</b>  Father's Name: _____ Primary Phone: _____ Email Address: _____ Mailing Address: _____ City: _____ State: _____ Zip Code: _____ County: _____ Employer: _____ Position: _____ Work Phone: _____ Paternal Grandparents: Name: _____ Email Address: _____ <i>* FCA will include grandparents in school email communications as well as invitations to special events.</i>
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**NEW STUDENTS:** If new, please list ALL previous schools attended (Preschool-Grade 11)

(Name) _____	(City) _____	(State) _____
(Name) _____	(City) _____	(State) _____
(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	PARENT SIGNATURE
DATE	DATE

**OFFICE USE ONLY:** Date Rec'd: \_\_\_\_\_ By: \_\_\_\_\_ If Preschool, start date: \_\_\_\_\_

Finance Office: Amt. Pd. \$ \_\_\_\_\_  Cash  Credit Card  Check # \_\_\_\_\_ Date Rec'd: \_\_\_\_\_ By: \_\_\_\_\_

Copies to:  HOS     P/PD     ADMISSIONS      RenWeb: \_\_\_\_\_ (Date) \_\_\_\_\_ (Initials)

Additional Comments: