



Student's Name \_\_\_\_\_  Male  Female

Grade Entering \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_

Home Address:		
City	State	Zip

Who does the student live with? \_\_\_\_\_

To whom should school notices be sent? \_\_\_\_\_

Name of Father or Guardian		Cell phone:
Address (If different from above):		
Email Address:		
Occupation:	Employer:	Work phone:
Religious preference:	Congregation:	

Name of Mother or Guardian:		Cell phone:
Address (If different from above):		
Email Address:		
Occupation:	Employer:	Work phone:
Religious Preference:	Congregation:	

Does the student have court restrictions regarding a parent/legal contact? Yes  No

If yes, please provide a copy of court documents. Authorized enrolling legal parent/guardian is responsible for providing current copies of all court records. Please include any information FCA needs in order to help keep your child safe. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

**\*NEW STUDENTS ONLY\***

**Background Information**

List all schools attended:

Name of School (Preschool for Kindergarten)	Grade(s) and Date Attended	Reason For Leaving	Principal or School Reference

Name of reference at previous school or pre K provider: \_\_\_\_\_ Phone \_\_\_\_\_

Has your student ever been suspended, expelled or asked to leave another preschool/school? Yes  No

If Yes, Please explain.

\_\_\_\_\_

Does your student require special services or need additional tutoring? Yes  No

If Yes, Please explain.

\_\_\_\_\_

Has your student ever been asked to join advanced or gifted classes? Yes  No

If Yes, Please explain.

\_\_\_\_\_

Does your student have any special health concerns of which FCA should be aware? If yes, please specify any physical, mental, learning or emotional conditions or concerns.

\_\_\_\_\_

\_\_\_\_\_

Name of siblings	Age/Grade	School Attending	Interested in attending FCA?
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>

*Foundation Christian Academy*

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

**IN CASE OF AN EMERGENCY**

Who should be called *first* in case of an emergency? (Name/relationship) \_\_\_\_\_

Best phone number to call \_\_\_\_\_

Additional Emergency contacts if the above cannot be contacted:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies including food, medicine, other:

\_\_\_\_\_  
\_\_\_\_\_

Medicines currently taking:

\_\_\_\_\_  
\_\_\_\_\_

Special Medical Conditions or Concerns:

\_\_\_\_\_  
\_\_\_\_\_

May medicine be given at school without being called first?

Ibuprophen: Yes  No

Tylenol: Yes  No

Benadryl: Yes  No

Medical Insurance Company \_\_\_\_\_ Policy# \_\_\_\_\_ Plan # \_\_\_\_\_

Primary Physician \_\_\_\_\_ Phone \_\_\_\_\_

Due to proximity, if given a choice, Greenview Hospital will be chosen unless otherwise specified. In an emergency, 9-1-1 will be called.

The following people are authorized to pick up my child:

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_



**REQUEST FOR TRANSCRIPT**

**Completed by Parent/Guardian:**

The following student has applied for admission to Foundation Christian Academy. As the parent/guardian for this student, I authorize release of his/her school records to be used for the Foundation Christian Academy admissions process.

Student's Full Name \_\_\_\_\_

Current/Most Recent Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

Current/Most Recent School Attended with address: \_\_\_\_\_

\_\_\_\_\_

School Phone and Email: \_\_\_\_\_

.....  
*Foundation Christian Academy Use ONLY:*

**Please release an unofficial copy of the above student's transcript for our admissions process. If available, the following information is requested:**

- Transcript of all work including a copy of current report card
- All pertinent disciplinary records
- All special education records or psychological testing
- Immunization and health records
- Birth Certificate and Insurance Cards

**School Administrator:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**Send records to appropriate office:**

Foundation Christian Academy \* 2480 Three Springs Road\* Bowling Green, KY 42104

Lower School – through 4<sup>th</sup> grade Fax: 270-796-6761 \* Email: [brenda.gilbert@fcafalcons.com](mailto:brenda.gilbert@fcafalcons.com)

Upper School 5<sup>th</sup> – 10<sup>th</sup> grade Fax: 270-393-8957 \* Email: [amy.dickerson@fcafalcons.com](mailto:amy.dickerson@fcafalcons.com)

**Contract**

Please indicate your agreement with the following statements by initialing the blanks and signing below.

\_\_\_\_\_ I understand that the tuition for the 2019-20 school year is as follows:

- \$5,324 Kindergarten – 6<sup>th</sup> grade
- \$5,450 7<sup>th</sup>-10<sup>th</sup> grade
- \$5,493 K3 and K4 full day
- \$3,930 K4 half day

\_\_\_\_\_ I agree to make tuition payments for the 2019-2020 school year based on one of the options chosen below. I understand and agree to pay additional fees that may occur including registration and fees, lunch fees, and afterschool fees. \*Note: Book Fee may be added to FACTS tuition payments. Book Fees due by July 1<sup>st</sup> if paying by cash or check.

- Option 1: Single payment due by July 1, 2019 with a \$100 discount.
- Option 2: FACTS monthly payment plan. Payments are budgeted over 10 months. Those choosing this option will be sent a FACTS automatic withdraw agreement form. You may chose for your first payment to be withdrawn on July 5 or July 20, 2019.
- Option 3: FACTS monthly payment plan. Payments are budgeted over 12 months. Those choosing this option will be sent a FACTS automatic withdraw agreement form. You may chose for your first payment to be withdrawn on June 5 or June 20, 2019

Person accepting full financial responsibility: \_\_\_\_\_

\_\_\_\_\_ In consideration of the acceptance of my child to attend Foundation Christian Academy as a student. I hereby release FCA, all of its staff, employees, and Board of Directors from any and all liability.

\_\_\_\_\_ As a means of assisting any advertising or fundraising efforts of FCA, I consent to the use, by FCA, of any photographs or videos which may be taken of my child during my child's activity.

\_\_\_\_\_ I agree to provide FCA a list of all known allergies that may harm my child. I understand that lunches prepared by FCA may contain allergens. I agree to hold FCA, all of its employees, board members and volunteers harmless from any and all damages as a result from eating or ingesting food prepared by FCA.

\_\_\_\_\_ I have provided information on this form/contract to the best of my ability. All answers and information contained therein is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Parent/Legal Guardian Date

\_\_\_\_\_  
Parent/Legal Guardian Date

<b>For Office Only</b>
Date Enrollment packet received _____
Registration Paid Check # _____ Cash _____
Book Fee Paid Check # _____ Cash _____