

# ENROLLMENT PACKAGE



**FRIENDSHIP CHRISTIAN**

# 2020-2021

Application Date \_\_\_\_\_  
Applying for grade \_\_\_\_\_  
Date to enter \_\_\_\_\_

Email \_\_\_\_\_

## Friendship Christian Academy 184 Friendship Rd. – Victoria, MS. Student Enrollment Application

### Directions for completing this application

1. Please fill in all blanks carefully. Where items do not apply, draw a line through space.
2. Return application with \$25 testing fee (if required) to the Director of Admissions. An application and applies to each child.
3. Please fill in the name of applicant and present school on the School Recommendation form and deliver to the School for immediate attention.
4. Request that a complete transcript be sent to the Director. (should include all IQ and Achievement test Scores)
5. Please submit a photo copy of most recent report card and all immunization records. (do not send original)
6. A photo copy of child's birth certificate must accompany each application for Kindergarten and first grade. (Don't send orig.)
7. A photo copy of parent's driver's license and social security card. (Don't send orig.)

### **NON DISCRIMINATION POLICY:**

*It is the policy of this school, in the admission of students, administration of its educational policies, athletic programs and other school administered functions, not to discriminate on the basis of race, color, gender, nationality, or ethnic origin. All students requesting enrollment in FCA must be willing to adhere to the policies and standards of the school.*

**Note:** Completion of this application does not assure final enrollment but provides information upon which a decision will be based. If application is accepted, it will be necessary to make arrangements to pay the registration and book fee and the first month's tuition to complete registration. A testing fee of \$25 may be required if a readiness test is required. If the student is accepted he / she will be placed on a class list of waiting list. If you are placed on a waiting list, because of no room you will be refunded all fees until such a time as you are enrolled.

1. \_\_\_\_\_  
Student Name: Last                      First                      Middle Int.                      Preferred Name                      Gender
2. \_\_\_\_\_  
Home Address    City                      State      Zip                      County
3. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Phone #    Date of Birth:      Month                      Day                      Year
4. Church Now attending: (Mr.) \_\_\_\_\_ (Mrs.) \_\_\_\_\_
5. Has Student accepted Christ as Savior?  yes  no If yes what age: \_\_\_\_\_
6. Will Student live at home?  yes  no If no, where and why \_\_\_\_\_

7. Rank in family of this child (circle) 1 2 3 4 \_\_ Number of Sisters \_\_\_\_ Brothers \_\_\_\_

8. Do you plan at a later date to enroll any other children from the same household? \_\_ yes \_\_ no

9. School applicant is presently attending: \_\_\_\_\_  
Name of School \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

10. Has applicant ever had any serious disciplinary actions taken against them? \_\_\_\_\_  
\_\_\_\_\_

11. Has applicant ever been expelled? \_ yes \_ no Suspended? \_ yes \_ no Refused Admission? \_ yes \_ no

12. Is applicant in good standing and able to return to his / her present school? \_ yes \_ no

13. Does applicant use tobacco? \_ yes \_ no Alcohol? \_ yes \_ no Illegal Drugs? \_ yes \_ no

14. Is applicant working on his / her grade level or above in all subjects? \_ yes \_ no Avg. Grade Level \_\_\_\_\_

15. Does applicant have any learning handicaps? \_ yes \_ no If yes please explain: \_\_\_\_\_  
\_\_\_\_\_

16. Does applicant regularly take any medications? \_ yes \_ no If yes please explain: \_\_\_\_\_  
\_\_\_\_\_

17. Parent or Guardian: Please make a full statement as to why you want to enroll this student.  
\_\_\_\_\_  
\_\_\_\_\_

# Friendship Christian Academy Discipline Agreement

Discipline and guidance shall be consistent and based on an understanding of individual needs and development and shall be done in love to promote self-discipline and acceptable behavior.

No student of any age shall be subject to cruel, harsh, or unusual punishment, or humiliated, or subjected to abusive language.

Brief supervised separation from the group will be used if necessary. No student shall be shaken or hit.

Occasionally, if necessary, a student may need corporal punishment. This shall be done by the Administrator/Principal only, with a paddle on the buttocks and no more than three (3) spats per incidence. Each incident will be witnessed by another staff member, and noted in the student's record. Parents shall be informed of the incident beforehand if possible but most surely will be notified.

## Statement of Parent or Guardian

I have read this discipline agreement.

I do \_\_\_\_\_, or do not \_\_\_\_\_ give permission for \_\_\_\_\_ to be administered  
(Child's name)

corporal punishment in the described manner if the staff of Friendship Christian Academy feels that alternative methods of discipline have been ineffective. I agree to follow the guidelines, rules and policies of Friendship Christian Academy and will not speak negatively about the school or staff. I understand that this will be cause of dismissal of my child and I am aware of the responsibility to fulfill my obligation to see that my account is paid in full as stated in the student handbook. If there are deep-seated emotional or spiritual problems, I will come and work with the school for the development of my child.

If you choose not to give permission for your child to be punished by Friendship Christian Academy in the described manner, you will be contacted by phone or text to pick your child up from school. Your child will remain in the office until you arrive. Your child may receive a suspension up to 3 days depending on the severity and any work or test missed, that is graded, will result in a zero. If you prefer your child not be paddled, you are choosing a 3 day suspension, which is considered unexcused absences. Fifteen days total absences will cause failure of the semester and year.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

If my child damages any school property I accept full responsibility to pay for the damages.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

# Statement of Cooperation

I the parent / guardian of \_\_\_\_\_ agree that I will make certain that a staff member of  
Student's name

Friendship Christian Academy is aware of the arrival and departure of my child each day. I agree not to leave my child on school grounds unattended upon arrival and I will also make sure that a staff member of Friendship Christian Academy is aware when I/authorized person arrives to pick him / her up.

Date: \_\_\_\_\_ Parent or Guardian's Signature: \_\_\_\_\_

# Statement on Arrival and Departure of Child

I authorize that \_\_\_\_\_ to be released from school only to the following  
people: (Child's name)

\_\_\_\_\_  
Name Relation

\_\_\_\_\_  
Name Relation

\_\_\_\_\_  
Name Relation

\_\_\_\_\_  
Name Relation

Date: \_\_\_\_\_ Parent or Guardian's Signature: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Health and Medical Care Information

Condition of student's health \_\_\_\_\_

Any Physical Disability: Yes or No If yes please explain \_\_\_\_\_

Indicate in order of preference the persons, including parents, to be contacted in case of emergency.

Name	Relationship	Telephone #
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In the event I cannot be reached to make arrangements for emergency medical care at the time of an accident, I hereby authorize Friendship Christian Academy, acting on my behalf, to take my child to the closest

Medical Care Facility or to \_\_\_\_\_

Date: \_\_\_\_\_ Parent or Guardian's Signature: \_\_\_\_\_

## ATTENTION:

Please complete the form below. List any and all medications that your child is allowed to take, along with the dosage that you recommend (if you prefer we give the dose as the medication directs please write as directed under dosage amount). Sign and date the form. Understand that only minor injuries and illnesses will be treated in the school office and children will also be prayed for. I, the undersigned do grant permission to the school staff to administer medications listed below in the dosage amount recommended by me.

Drug Name	Dosage Amount	Drug Name	Dosage Amount
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1. Is your child allergic to any drugs or topical medication? If so please list below.

2. List any food allergies your child may have.

I understand no medication will be given that exceeds the recommended or prescribed amount of the product.

Child's Name \_\_\_\_\_

Parent or Guardian's Signature \_\_\_\_\_

Date \_\_\_\_\_

# General Authorization

## **Transportation Permission:**

I hereby give my permission for Friendship Christian Academy to transport my child to and from all school-related functions, provided that the driver has liability insurance in force, and has a valid Mississippi driver's license. I relieve Friendship Christian Academy and any representative thereof all responsibility in case of accident or injury. I understand the school provides only general supervision.

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Activities Permission:**

I hereby grant permission for my child to use all of the play equipment and participate in all activities of the school (unless restrictions are listed) and hereby take full responsibility of my child.

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Withdrawal Notice:**

I agree that should I choose to withdraw my child, whether before the school year begins or during the year, I will give written notice and expect the withdrawal to be effective when such notice is delivered to the school. I understand that if I withdraw my child for any reason, I am responsible for the entire balance of the school year tuition.

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Acknowledgment:**

I understand if I decide not to place my child in Friendship Christian Academy that all fees are nonrefundable.

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Friendship Christian Academy Home of the Lions**

FCA takes pride in offering an excellent academic education. Each year based on student / parent interest we encourage students to participate in extra-curricular activities. We offer **Archery**, **Basketball**, **Cheerleading**, and **Robotics**. If it is your desire to have your child enrolled in one of these extra-curricular activities this \_\_\_\_\_ - \_\_\_\_\_ school term please sign and date below. We will send registration forms home once we see there is enough student interest to form a team. Each extra-curricular activity will have a fee of \$250 per year and may be paid on a payment plan. Please understand that once your child is enrolled in an activity it will be mandatory for him / her to attend all year. (We need parents to help students understand the importance of accountability and commitment and the effect that it may have on others.)

Archery for student's 5<sup>th</sup> - 12<sup>th</sup> grade \_\_\_\_\_  
Student name

Basketball for student's 7<sup>th</sup> - 12<sup>th</sup> grade \_\_\_\_\_  
Student name

Cheer leading for student's 6<sup>th</sup> - 12<sup>th</sup> grade \_\_\_\_\_  
Student name

Robotics for student's 2<sup>nd</sup> - 4<sup>th</sup> grade \_\_\_\_\_  
Student name

Robotics for student's 7<sup>th</sup> - 12<sup>th</sup> grade \_\_\_\_\_  
Student name

Date: \_\_\_\_\_ Parent or Guardian's Signature: \_\_\_\_\_

# Friendship Christian Academy

## Media Release Form

By this release, I/we hereby permit Friendship Christian Academy, 184 Friendship Road, Victoria, Mississippi 38679 (The "School") to use any photograph, depiction, or picture of our / my child:

Print Full Name of Student \_\_\_\_\_ Grade \_\_\_\_\_

For any and all lawful purposes as the school may deem appropriate from time to time, including, without limitation to promotional literature, advertisements for the school, and posting on Social media or the School's website.

I / We understand and agree that this release is binding and irrevocable with respect to all photographs, depictions, or pictures taken or obtained on the basis of , and in reliance upon, the execution of this release. We / I further understand and agree that if we/I wish to terminate permission for future photographs, depictions, or pictures we/I must do so by written notice delivered to the school by certified mail, return receipt requested.

**Please choose and sign only one option – either to grant permission or to deny permission.**

**Permission is granted**

I/We give permission for the above named student to be photographed or interviewed during his / her time at Friendship Christian Academy for newspapers, television, press releases, advertising, school website, or for other promotional publications that portray Friendship Christian Academy life to the general public.

Signature of Parent / Guardian \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

**Permission is NOT Granted**

I / We DO NOT give permission for the above named student to be photographed or interviewed during his / her time at Friendship Christian Academy for newspapers, television, press releases, advertising, school website, or for other promotional publications that portray Friendship Christian Academy life to the general public.

Signature of Parent / Guardian \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

Please supply the name of your local paper. This information will facilitate the distribution of news about your child's achievements.

**Newspaper Name:** \_\_\_\_\_

**FCA Alerts by Text Messaging**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Mobile Number \_\_\_\_\_ Carrier: \_\_\_\_\_  
Ex. AT&T, Verizon, etc.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Mobile Number \_\_\_\_\_ Carrier: \_\_\_\_\_  
Ex. AT&T, Verizon, etc.

I hereby grant permission for Friendship Christian Academy to send text message alerts to my mobile phone for emergency closing and dismissals and important notices.

I understand I am responsible should there be carrier charges for the messages.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Friendship Christian Academy

## Statement of Beliefs

Friendship Christian Academy stands for the whole truth of God written in the scriptures of the Holy Word not added to or taking from but just as was given by inspiration of God (2 Timothy 3:16-17). During the process of enrolling your son / daughter, you will be given, to read over, our:

- **Statement of Faith**
- **The Assemblies of God Statement of Fundamental Truths**
- **Our Philosophy**
- **Our Mission**
- **Our Vision**
- **Honor Code**

Please initial beside each document title that you have read this information. By initialing you, realizing, as parent/guardian, your beliefs may differ from the documents above. You hereby agree on the basis of teaching and worshipping that your son / daughter will observe the Christian faith at Friendship Christian Academy. The Parent/Student handbook contains each statement list above should you wish to re-read the information or share the information with your family.

Students will be required to follow the school code of conduct personally and students in the 5<sup>th</sup> – 12<sup>th</sup> grade will be required to sign the honor pledge. (The signed pledge will become part of the student's permanent file.)

Parent / Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

# Friendship Christian Academy

## Credit Application

(Please fill out if you are a first time applicant or if your information has changed since your initial application)

Name \_\_\_\_\_ Social Security # \_\_\_\_\_ (required) Date: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_  
How long have you lived at this address? \_\_\_\_\_ years \_\_\_\_\_ mo.  
Have you ever been referred to a collection agency? Yes / No

Will someone be responsible with you? Yes / No (if yes complete the following two lines)

Co – applicant Name \_\_\_\_\_ Social Security # \_\_\_\_\_ (required)  
Address \_\_\_\_\_ City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

### Employment:

Current: \_\_\_\_\_ How Long \_\_\_\_\_ years \_\_\_\_\_ mo.  
Location \_\_\_\_\_ Phone \_\_\_\_\_  
Contact Person: \_\_\_\_\_

Previous: \_\_\_\_\_ How Long \_\_\_\_\_ years \_\_\_\_\_ mo.  
Location \_\_\_\_\_ Phone \_\_\_\_\_  
Contact Person: \_\_\_\_\_

### Personal References:

Name: \_\_\_\_\_ How long \_\_\_\_\_ years \_\_\_\_\_ months  
Address \_\_\_\_\_ Phone \_\_\_\_\_ Relation \_\_\_\_\_

Name: \_\_\_\_\_ How long \_\_\_\_\_ years \_\_\_\_\_ months  
Address \_\_\_\_\_ Phone \_\_\_\_\_ Relation \_\_\_\_\_

### Credit References:

Home Mortgage: \_\_\_\_\_ Phone \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Location \_\_\_\_\_

Other Loan: \_\_\_\_\_ Phone \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Location \_\_\_\_\_

Other Loan: \_\_\_\_\_ Phone \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Location \_\_\_\_\_

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I hereby certify that the above information is true and current. I understand that all information is confidential and may only be used by Friendship Christian Academy. I allow the release of information from any person or institution above to Friendship Christian Academy in the processing of my credit with them.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Co – applicant signature \_\_\_\_\_ Date: \_\_\_\_\_

Friendship Christian Academy  
PO Box 104 / 184 Friendship Rd.  
Victoria, MS. 38679

Web Site: [www.fcaschools.com](http://www.fcaschools.com)

Phone: 662-838-4000

Fax: 662-838-4001

Email: [fcaschools@zoho.com](mailto:fcaschools@zoho.com)

Enrollment Total: \$ \_\_\_\_\_

Number of Students: \_\_\_\_\_

Tuition \_\_\_\_\_ per year or

Tuition \_\_\_\_\_ per month

10 mo. Aug. 5 – May 5 or 12 mo. June 5 – May 5

Referral: \_\_\_\_\_



## **FCA Check List**

\_\_\_ Enrollment Package

\_\_\_ Promissory Note

\_\_\_ Child's Social Security Card

\_\_\_ Birth Certificate (D.O.B. \_\_\_\_\_)

\_\_\_ Shot Records

(up to date = 5 DTaP, 4 IPV, 3 Hepatitis B, 2 MMR, @ Varcella, 1 Tdap)

\_\_\_ Parent's Drivers License

\_\_\_ Parent's Social Security Card

\_\_\_ T-shirt Size (be sure to include order form)

\_\_\_ Back Pack K - 12<sup>th</sup> grade (be sure to include order form)

\_\_\_ General Fee

\_\_\_ Registration Fee

\_\_\_ Book Rental Fee

\_\_\_ Year Book

\_\_\_ Planner (grades 3 – 12)

\_\_\_ Student Insurance

\_\_\_ Testing Fee

\_\_\_ Decal

**Mail Hank Book (FCA will mail around the first week of Aug. this will also be available online)**

**Mail supply List (FCA will mail around the first week of Aug. this will also be available online)**

\_\_\_ Report Card from previous school / Request of records form

\_\_\_ Withdrawal Form

\_\_\_ Interested in Before and or After School Care?

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

New or Returning Student \_\_\_\_\_ Date \_\_\_\_\_

**Apparel items other than the short sleeve T-shirt and Back Pack are not included in the enrollment fee.**



# FRIENDSHIP CHRISTIAN ORDER FORM 2020- 2021

Student  
Name

Parent  
Name

Grade \_\_\_\_\_  
Phone \_\_\_\_\_



### Youth Short Sleeve T-shirt \$25

XS	S	M	L	XL	Total

### Adult Short Sleeve T-shirt \$25

S	M	L	XL	XXL	3XL	4XL	Total



**BG1020 / Back Pack \$25**  
Available in: Red/Black; Grey/Black; Royal/Black  
Add individual name \$ 10ea.

BackPack: \$

Name: \$

Total: \$

Spell Name Here