



Faith Christian Academy

5227 FM 1301

Wharton, TX 77488

(979) 531-1000 - Office (979) 531-1001 - Fax

Website - www.fcawharton.org

Email - fcawharton@gmail.com

Admission Procedures for New Enrollment Birth - 12th Grade

1. **Tour** the Faith Christian Academy campus. Tours are by appointment only and are available Monday through Friday from 8:00am – 1:30pm. Morning tours are suggested as the best time for viewing our preschool classes. Admissions materials are available through the FCA office or online at www.fcawharton.org.
2. **Return** to the school office ALL of the following:
 - Application for Admission
 - \$150 per Student/\$300 per Family **Non-Refundable** Admission Application Fee
 - Authorization to Release Information from ALL past schools
 - Parent Commitment
 - Copy of Birth Certificate
 - Copy of Immunization Records
 - Release Card
 - Tuition Agreement
3. After ALL of the above mentioned paperwork is received and reviewed, you will be contacted to schedule an interview with the Dean of Admissions.
4. If all parties are in agreement with continuing to pursue enrollment at Faith Christian Academy, a date for required **entrance screenings** will be set for students entering Kindergarten-Grade 12. Screenings may include assessments in core subject matter and/or developmental readiness.
5. The administration will contact parents to review **screening results** and to discuss final decisions of enrollment or denial.



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Application for New Student Admission

Students must be the appropriate age on **September 1st** of the school year they are applying for. Please complete application in its entirety. If information does not apply, please denote with N/A.

School Year _____

Date of Application ____/____/____

PERSONAL INFORMATION

Student (full legal name) _____

Date of Birth ____/____/____ Place of Birth _____ Age _____ Sex _____

Grade level applied for _____

(For nursery and pre-school please indicate): ____ days per week ____ full day ____ half day

Mailing Address _____

Physical Address (if different from mailing) _____

Father's name _____ Mother's name _____

Phone (cell) _____ Phone (cell) _____

Email _____ Email _____

Occupation _____ Occupation _____

Employer _____ Employer _____

Phone (work) _____ Phone (work) _____

FAMILY INFORMATION

Parents are: ____ married ____ separated ____ divorced ____ one parent deceased

If parents are divorced, who has legal custody? _____

Student lives with (please elaborate) _____

Is there a custody order on file with the state of Texas? ____ Yes ____ No

If yes, **CURRENT** copy of the orders must be submitted to the school.

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Names and ages of brothers and sisters living in the home _____

Main language spoken in the home _____

SPIRITUAL INFORMATION

Church attended/membership _____

How often do you attend? _____ Weekly _____ Frequently _____ Infrequently

Please indicate (yes or no) if you are a Christian. _____ Student _____ Father _____ Mother

EMERGENCY/MEDICAL INFORMATION

In case of emergency and parents cannot be reached, please contact:

Name _____ Phone _____

Physical Address _____

Name _____ Phone _____

Physical Address _____

Name _____ Phone _____

Physical Address _____

Insurance provider _____ Policy ID# _____

Family doctor _____ Phone _____

Allergies/Daily medication or medical notes _____

If student is on medication, a **current** list must be provided to the school and updated when necessary.

Does the student have ADD/ADHD? _____ Yes _____ No

Does this student have a history of physical or emotional conditions or learning differences that required professional attention or which might require special attention a Faith Christian Academy? _____ Yes _____ No If yes, please explain _____

In the past two years, has this student been under the care of a doctor/psychiatrist/psychologist?

_____ Yes _____ No If yes, please explain and include the student's formal diagnosis _____

In the past two years, has this student been under the care of a mental health counselor?

_____ Yes _____ No If yes, please explain _____

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In the past two years, has this student been admitted to an inpatient or outpatient mental health program? ____Yes ____No If yes, please explain _____

ACADEMIC INFORMATION

Please list ALL schools previously attended

School	Location/Address	Dates	Grades Completed
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Is the student eligible to return to all previously attended schools? ____Yes ____No

Has the student ever been suspended, expelled or asked to leave any prior school?

____Yes ____No If yes, please explain _____

Has the student's absences and/or tardies exceeded any prior school attendance policies?

____Yes ____No

Has the student ever been on academic probation? ____Yes ____No

Has the student ever failed a grade ____Yes ____No If yes, what grade level _____

Has the student been in special classrooms, received accommodations (IEP, 504, etc.), or received modifications to curriculum in previous schools? ____Yes ____No If yes, please explain _____

Has the student ever been arrested or had charges filed against them? ____Yes ____No

If yes, please explain and provide pertinent records

ADDITIONAL INFORMATION

Please, add any further information which may assist in the guidance of your child at Faith Christian Academy

Please describe this student's interests, talents, and abilities: _____

Why do you desire that your child enter Faith Christian Academy? _____

From what source did you first receive information about Faith Christian Academy? _____

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List any particular interests you have and would be willing to share with the school _____

RELEASE INFORMATION

EMERGENCY MEDICAL CARE - _____ Yes _____ No (please initial)

I hereby authorize any staff member of Faith Christian Academy to call an emergency ambulance in case of accident or acute illness and to arrange for necessary emergency medical and surgical care in case I am not immediately available. Any qualified physician called by Faith Christian Academy may treat and do whatever is necessary for the health and well-being of my child. It is understood that a conscientious effort must be made to notify me (parents/guardians) before such action will be taken. I also agree to accept responsibility for the cost of the above medical services.

If no, please give the name of:

PREFERRED HOSPITAL _____

ADDRESS _____

PHONE _____

PREFERRED DOCTOR _____ **PHONE** _____

MEDICATION ADMINISTRATION - _____ Yes _____ No (please initial)

Faith Christian Academy keeps only Basic First Aid supplies in the school office and classrooms. The stocked supplies include, but may not be limited to antibiotic ointment, anti-bacterial wipes, isopropyl alcohol on swabs, hydrogen peroxide, band aids, first aid tape, gauze pads and wraps, cotton balls, Q-tips, and cold packs. If a student needs to be given any prescription or over the counter medications, the items must be accompanied by signed and written instructions from the parent or guardian. The medications and signed instructions should be left with school office personnel. Self-medication is strictly prohibited. After being informed of Faith Christian Academy's medication administration policy, I hereby consent to allow my child to be given Basic First Aid by school employees. I will provide the necessary medications and written instructions if needed at any time during the school year.

PLAY EQUIPMENT - _____ Yes _____ No (please initial)

I hereby consent to allow my child to use all age-appropriate play equipment at Faith Christian Academy and to participate in all of the activities of the school which are age appropriate.

MEDIA/INTERNET CONTRACT - _____ Yes _____ No (please initial)

I hereby consent to allow school-related information and/or photography of my child to be released to area media and/or to be placed on the Faith Christian Academy web site and Facebook page.

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I hereby waive and release any and all rights and claims against Faith Christian Academy and their agents and employees for any and all injuries and damages resulting from medical referral or any school activities, including athletic events. By signing below, I am affirming my consent or referral of consent as initiated above. I acknowledge I have read and understand and agree to the information on this form. I hereby certify that the above statements are true and correct to the best of my knowledge. I understand that a false statement may disqualify me for enrollment.

Parent/Guardian Signature _____ Date: _____