



# Faith Christian Academy

5227 FM 1301

Wharton, TX 77488

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[fcawharton@gmail.com](mailto:fcawharton@gmail.com)

[www.wharton-fca.org](http://www.wharton-fca.org)

## Application for Admission (Returning Students ONLY)

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 \_\_\_\_/\_\_\_\_/\_\_\_\_

Student (full legal name) \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Grade level \_\_\_\_\_

For nursery and pre-school please indicate: number of days per week \_\_\_\_\_ full \_\_\_\_ half \_\_\_\_

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) \_\_\_\_\_

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, a CURRENT copy of the orders must be submitted to the school.

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Church attended/membership \_\_\_\_\_

How often do you attend? \_\_\_\_\_ Weekly \_\_\_\_\_ Frequently \_\_\_\_\_ Infrequently

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.

Has there been any changes in your child's mental or physical health over the past year?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain... \_\_\_\_\_

Please, add any information that may assist in the guidance of your child at Faith Christian Academy such as medical, physical, emotional, etc...

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

**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** \_\_\_\_\_ **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.

**OFF-CAMPUS ACTIVITIES** YES \_\_\_\_\_ NO \_\_\_\_\_ (please initial)

I hereby consent to allow my child to participate in off-campus field trips supervised by Faith Christian Academy employees. I understand my child will be transported in a Faith Christian Academy vehicle or private vehicle approved by the school's administration. I hereby release Faith Christian Academy and/or staff and/or vehicle drivers from any liabilities and/or responsibilities in connection with any accident or injury resulting from school related trips.

**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.

I (WE) 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.

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

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