



FIRST CHRISTIAN ACADEMY
24530 NW 199th Lane, High Springs, FL 32643

STUDENT ENROLLMENT APPLICATION
2020-2021

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

STUDENT INFORMATION:
Name: Last First Middle
Goes by / Nickname:
Birthday: / / Current Age:
Female Male Entering Grade:
Has your child ever repeated a grade? No Yes
If yes, which grade/where?
Does child have any diagnosed health conditions, disabilities, or disorders? (Such as ADHD, Autism, Asthma, Diabetes, Dyslexia, etc...)
No Yes If yes, please explain:
Does child have an IEP, ISP, or 504 Plan? No Yes
If yes, please explain:
Does child take any medications regularly? No Yes
If yes, please list:
Does child have any food and/or medication allergies?
No Yes If yes, please list:
List any siblings attending FCA and grades entering:

PHOTO AUTHORIZATION:
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 NAMES OF INDIVIDUAL STUDENTS WILL NOT BE RELEASED WITH ANY PHOTOGRAPHS EXCEPT IN THE SCHOOL YEARBOOK.
Yes No Initials:

DEMOGRAPHICS: For both accreditation and scholarship funding, we are required to maintain specific demographic information. Thank you for completing this section.
Ethnicity: (Check all that apply.)
American Indian, Alaska Native Hispanic, Latino
Asian, Pacific Islander White, Caucasian
Black, African-American
Religion:
Do you attend church? Yes No
How often: Weekly Monthly Rarely Other
Are you members? Yes No
Name of Church:
Socio-Economic:
Will your child attend FCA using any form of financial aid or scholarship? Yes No If yes, which type?
SUF S FES HOPE MCKAY GARDINER

EMERGENCY CARE PERMISSION: 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.
Yes No Initials:

EMERGENCY INFORMATION (if neither parent available):
Emergency Contact:
Relationship to Student:
Cell: () Home: ()
Name of Child's Physician:
Phone: () Location:
Insurance Company:
Policy Number:

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)

MATERNAL INFORMATION:

Mother's Name: _____

Primary Phone: _____

Email Address: _____

Mailing Address: _____

City: _____ **State:** _____

Zip Code: _____ **County:** _____

Employer: _____

Position: _____

Work Phone: _____

Maternal Grandparents:

Name: _____

Email Address: _____

** FCA will include grandparents in school email communications as well as invitations to special events.*

PATERNAL INFORMATION:

Father's Name: _____

Primary Phone: _____

Email Address: _____

Mailing Address: _____

City: _____ **State:** _____

Zip Code: _____ **County:** _____

Employer: _____

Position: _____

Work Phone: _____

Paternal Grandparents:

Name: _____

Email Address: _____

** FCA will include grandparents in school email communications as well as invitations to special events.*

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

DATE

PARENT SIGNATURE

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: