

Firelands Christian Academy

“Committed to Christ, Committed to Excellence”



Student Application

Enrollment Process

- Enrollment information is sent.
- Board reviews the enrollment information.
- Interview is conducted (other follow up interviews may be needed).
- If a student is entering Kindergarten, arrangements will be made for Kindergarten readiness screening.
- Prospective students are approved or declined and contacted through a letter or phone call.

General Requirements

- There must be one committed Christian parent in the home.
- Regular and consistent church attendance is required with Pastoral reference.
- 5th-11th grade students must be a Christian.
- Kindergarten must be 5 years old on or before September 30th.
- First grade students must be 6 years old on or before September 30th.



APPLICATION INFORMATION FORM

For office use only:

Rcd. _____ Fee. _____

APPLICANT INFORMATION

Date of Application _____ Grade Applying For _____ (K-11 only)

Applicant's Name _____
First Middle Last Preferred Name

Street Address _____ City _____

State _____ Zip _____ Home Telephone _____

Male _____ Female _____ Birthday _____

Social Security Number _____

APPLICANT'S FAMILY INFORMATION

Name of Parent One Dr. Mr. Mrs. Ms.

Name of Parent Two Dr. Mr. Mrs. Ms.

_____ Last First Middle

_____ Last First Middle

Preferred Name _____

Preferred Name _____

Relationship to Applicant _____

Relationship to Applicant _____

Address _____

Address _____

Number Street
City State Zip

Number Street
City State Zip

Home Telephone # () _____

Home Telephone # () _____

Cellular Phone # () _____

Cellular Phone # () _____

Work Telephone # () _____

Work Telephone # () _____

Email Address _____

Email Address _____

Occupation _____

Occupation _____

Employer _____

Employer _____

Stepparent Name _____

Stepparent Name _____

Applicant lives with _____

During the application process, we can only send correspondence to one address.

If parents are divorced or separated, to whom should admission correspondence be sent?

Mother _____ Father _____

HOME CHURCH INFORMATION

Home Church _____ Pastor's Name _____

Church Address _____ Phone _____



CURRENT SCHOOL INFORMATION FORM

CURRENT SCHOOL

School Name _____ Street Address _____

City _____ State _____ Zip _____ Telephone _____

Principal/School Head _____ Years Attended _____

SCHOOL BACKGROUND

Please circle "Yes" or "No" to the following questions:

Has the student ever repeated a grade? Yes No

Has the student ever had discipline difficulty in school? Yes No

Has the student ever been suspended or expelled? Yes No

Has the student had extended absences from school? Yes No

Does the student have any physical limitations, disabilities, problems, or psychological disorders that would affect class, personal study, or require special attention? Yes No

Does the student currently take any medication on a regular basis? Yes No

If you circled **YES** to any of the above questions, please explain below.



FATHER'S STATEMENT

Applicant's Name _____
Name of person completing this form _____
Relationship to the applicant _____

1. Do you have a personal relationship with Jesus Christ? If yes, please explain.

2. What is your understanding of a Christian school?

3. What do you expect your child to experience while at FCA?

4. Why do you feel FCA is the best choice for your child?

5. Describe your child's interests, talents and abilities.

FATHER'S STATEMENT CONTINUED

6. Is there anything of which your child's next teacher should be aware?

7. Describe any condition which might affect your child's participation in our daily academic, fine arts or athletic programs.

8. Does your child currently receive any tutoring or academic enrichment outside of the classroom? If so, please explain.

9. Please list sibling's names, ages and schools.

I understand that withholding or misrepresenting information requested in this questionnaire may jeopardize admission or enrollment at Firelands Christian Academy. My signature below indicates that all the information contained in this statement is correct, complete and honestly presented.

Parent's or Guardian's Signature

Date

Please return this form to:



FIRELANDS CHRISTIAN ACADEMY

P.O. Box 334
Sandusky, OH 44871-0334



MOTHER'S STATEMENT

Applicant's Name _____
Name of person completing this form _____
Relationship to the applicant _____

1. Do you have a personal relationship with Jesus Christ? If yes, please explain.

2. What is your understanding of a Christian school?

3. What do you expect your child to experience while at FCA?

4. Why do you feel FCA is the best choice for your child?

5. Describe your child's interests, talents and abilities.

MOTHER'S STATEMENT CONTINUED

6. Is there anything of which your child's next teacher should be aware?

7. Describe any condition which might affect your child's participation in our daily academic, fine arts or athletic programs.

8. Does your child currently receive any tutoring or academic enrichment outside of the classroom? If so, please explain.

9. Please list sibling's names, ages and schools.

I understand that withholding or misrepresenting information requested in this questionnaire may jeopardize admission or enrollment at Firelands Christian Academy. My signature below indicates that all the information contained in this statement is correct, complete and honestly presented.

Parent's or Guardian's Signature

Date

Please return this form to:



FIRELANDS CHRISTIAN ACADEMY

P.O. Box 334
Sandusky, OH 44871-0334



ADDITIONAL CHILD/SIBLING APPLICATION FOR ENROLLMENT FORM

Date of Application _____ Grade Applying For _____ (K-11 only)

Student's Name _____ S.S. # _____
First Middle Last

Name student is called _____ Birth date _____

SCHOOL BACKGROUND OF STUDENT APPLICANT (List previous schools student has attended)

Name of School, Address, Phone, Grade

Please circle "Yes" or "No" to the following questions:

- | | | |
|---|-----|----|
| Has the student ever repeated a grade? | Yes | No |
| Has the student ever had discipline difficulty in school? | Yes | No |
| Has the student ever been suspended or expelled? | Yes | No |
| Has the student had extended absences from school? | Yes | No |
| Does the student have any physical limitations, disabilities, problems, or psychological disorders that would affect class, personal study, or require special attention? | Yes | No |
| Does the student currently take any medication on a regular basis? | Yes | No |

If you circled **YES** to any of the above questions, please explain below.

Describe the student's interests, talents and abilities. _____

SIGNATURE OF AGREEMENT

As parent(s) or legal guardian(s) of the subject applicant,

I (we) agree to cooperate with Firelands Christian Academy in the enforcement of the rules and regulations as stated herein and elaborated in the "Statement of Faith" and Parent/Student Handbook.

Signature of Parent or Legal Guardian _____ Date _____

Signature of Parent or Legal Guardian _____ Date _____



SIGNATURE OF AGREEMENT FORM

As parent(s) or legal guardian(s) of the subject applicant,

I (we) agree to cooperate with Firelands Christian Academy in the enforcement of the rules and regulations as stated herein and elaborated in the “Statement of Faith” and Parent/Student Handbook.

In addition, I understand and support the following (please check the following):

- 1. The standards of the school in its philosophy and policies – academic, behavioral, spiritual, dress, moral and disciplinary.
- 2. The school in its efforts to train my child in the Christian faith by example and prayerful encouragement.
- 3. My child’s education by supervising assigned homework, being an encourager, and initiating contact with my child’s teacher, if necessary.
- 4. The administration in having full responsibility for placing my child in the proper grade and accepting or refusing this application

Signature of Parent or Legal Guardian Date

Signature of Parent or Legal Guardian Date

Non-Discriminatory Clause

Firelands Christian Academy welcomes students without regard for race, color, or national and ethnic origin. FCA does not discriminate on the basis of race, color, or national and ethnic origin in the administration of its admission or educational policies, scholarship programs, or any other school-administered programs.



PASTOR REFERENCE FORM

For the _____ Family

The above mentioned family has applied for admission of their child(ren) to Firelands Christian Academy. It is the goal of FCA to be an aid and reinforcement to the home as well as the local church. In keeping with this commitment, we request a pastoral reference in order to determine if our school ministry would in any way distract from your work with this family. Please prayerfully consider your recommendation and submit any additional comments or information you feel would be helpful in making a determination regarding acceptance.

We believe that all have sinned and come short of the glory of God, and that Jesus through the complete and finished work of the cross has redeemed man. We acknowledge that Jesus is the only begotten Son of God and that no man can come unto the father but by Him. The Bible is God’s infallible Word and it states that if you confess the Lord Jesus Christ, thou shalt be saved.

1. Do you as a pastor agree with this statement? _____ If not, please explain _____
2. Is this family considered members in good standing? _____ If not, please explain _____
3. Is this family actively engaged in ministry at your church? _____ In what areas? _____
4. Do the parents give evidence of Biblical Christian faith and regeneration by the Holy Spirit? _____
5. Do parents demonstrate a faithful spirit toward pastor and church, in their conversation and attitude? _____
6. In your opinion, would there be any problem allowing this family to be part of our educational institution? _____

CHILD’S SPIRITUAL RECORD

Has the student _____ accepted Jesus Christ as his/her personal Lord and Savior? _____
Students Name

Year? _____. Does the student attend at least one service per week at your church? _____

Has student #2 _____ accepted Jesus Christ as his/her personal Lord and Savior? _____
Students Name

Year? _____. Does the student attend at least one service per week at your church? _____

I would like to talk personally with FCA about this family? Yes _____ No _____

Pastor’s Signature _____ Date _____

Church Name _____

Address/Phone # _____

**Please remit to: FIRELANDS CHRISTIAN ACADEMY
P.O. BOX 334, SANDUSKY, OH 44871**