

Application for Student Admission

STATEMENT: Before beginning to complete this application form please read the FVCA Statement of Faith found in this application packet. Proceed with the application process only if you are in agreement with and willing to abide by these statements. Completion of this application does not ensure enrollment but provides information upon which a decision will be based. The registration/activity fee must accompany this application. The registration/activity fee is refundable only in the event the applicant is not accepted for admission. Fox Valley Christian Academy admits students of any race, color, and national or ethnic origin.

Student Information

Student name: _____
(Last) (First) (Middle)

Home address: _____
(Street) (City) (Zip)

Grade for which admission is sought: _____ Birth date: _____ Sex: Male Female
(Month / Day / Year)

Home phone: _____ Home e-mail: _____

Ethnic background: African Asian Hispanic Native
 African American Caucasian (White) Native American Other _____

Language spoken at home: _____

Family Information

Child lives with: Both parents Father Mother Guardian Other _____

Parents' marital status: Married Divorced Separated Mother deceased Father deceased

Father/guardian name: _____ Mother/guardian name: _____

Address: _____ Address: _____

Home phone: _____ Home phone: _____

Cell phone: _____ Cell phone: _____

E-mail: _____ E-mail: _____

Occupation: _____ Occupation: _____

Employer: _____ Employer: _____

Business phone: _____ Business phone: _____

Separate mailings to each parent? Yes No

Please explain any factors in the student's home life that will help us have a better understanding of this student.

Siblings

Name

Birth date

School attending

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Spiritual Information

Church home: _____

Are parent's current members? Yes No

Parents' church attendance:

Mother weekly regularly occasionally none
Father weekly regularly occasionally none

Student's church and/or Sunday school attendance: weekly regularly occasionally none

Describe the student's relationship with Jesus Christ. _____

What is the father's belief about Jesus Christ? _____

When and how did the father become a Christian? _____

What is the mother's belief about Jesus Christ? _____

When and how did the mother become a Christian? _____

Academic and Social Information

Name of school district in which student resides. _____

Please check factors that describe the student's previous experiences:

- Daycare: Number of year's _____
- Preschool: Number of year's _____
- Home School: Number of years _____ Grades attended _____
- Christian School: Number of years _____ Grades attended _____
- Public School: Number of years _____ Grades attended _____
- Private School: Number of years _____ Grades attended _____
- Special education program/IEP
- Gifted/talented program

Present (or last) school attended _____

(Street Address)

(City)

(State)

(Zip)

Has the student experienced problems in any of the following subject areas?

- Reading Spelling Math Science Social Studies Language
- Other (Specify): _____ Not applicable (Preschool 4/Kindergarten)

Has this student ever repeated a grade? No Yes If yes, what grade? _____ Not applicable (Preschool 4/Kindergarten)

Has the student ever been referred for a multi-disciplinary team evaluation? Yes No If yes, please explain.

Does the student have any diagnosed learning disabilities or behavior disorders? Yes No If yes, please explain.

Is the student on any medication for learning or behavioral concerns? Yes No If yes, please list.

Please describe any behavioral/disciplinary problems the student has had in school. _____

Has this student ever been suspended or expelled? Yes No If yes, explain. _____

PLEASE ATTACH A COPY OF STUDENT'S REPORT CARD OR TRANSCRIPT. It is understood that each student will be placed in the grade which best meets his/her individual needs. This is determined by placement testing (K-8), academic records, teacher, and administrator evaluation.

Basis for Application

Please explain why you wish to have your child attend Fox Valley Christian Academy. _____

Session Preference (complete if applicable)

Preschool 4/5

- Mondays, Wednesdays, Fridays (3 days/week) – 8:15-11:15 AM
- Mondays, Wednesdays, Fridays (3 days/week) – 12:15-3:15 PM

Kindergarten

- Monday-Friday (half-day program) – 8:15-11:45 AM
- Monday-Friday (full-day program) – 8:15 AM-3:15 PM

Signatures

(Father) _____ Date _____

(Mother) _____ Date _____

(Guardian) _____ Date _____

Attachments

- Copy of report card/transcripts showing one full year academic progress
- FVCA Parent Cooperation Agreement
- Registration/Activity Fee (non-refundable, due with application)

Preschool 4/5	\$100
Kindergarten – half-day	\$200
Kindergarten – full-day	\$300
Grades 1-8	\$300

For Review

Please provide your child's birth certificate for us to view upon application. An FVCA office staff member will then initial in the space provided below and return the birth certificate to you.

Date of birth: _____ / _____ / _____ Birth certificate viewed by _____ (initials) on _____ / _____ / _____