

2010-2011 Application for Admission

FIRST COAST CHRISTIAN SCHOOL

7587 Blanding Blvd.

Jacksonville, FL 32244

Phone: (904) 777-3040/Fax: (904) 777-3045

e-mail: admissions@fccsjax.org

www.fccsjax.org



For Office Use Only

Student ID: _____

Approval: _____

Start Date: _____

Student Information: (We must have an individual application for each individual student.)

Student's Last Name: _____ First _____ M.I. _____

Preferred Nickname: _____ Social Security # (required by FL) _____ - _____ - _____

Address _____ City _____ Zip _____

Home Phone (_____) _____ Birth Date: ____/____/____ Age: _____

Is the student a U.S. Citizen? No Yes Place of Birth: _____

Gender: Male Female Primary Ethnicity: African/American Am. Indian Asian Caucasion Hispanic
 Diverse Unknown Other _____

Grade applying for (circle one): K5 1 2 3 4 5 6 7 8 9 10 11 12

Please list the names and grades of any siblings who are/will be attending FCCS:

Who has legal custody of the student? Both parents Father Mother Other: _____

With whom does the student live? Both parents Father/Stepmother Mother/Stepfather Father only
 Mother only Other: _____

Legal court documentation valid in Florida must be submitted with this paperwork if either parent is not allowed to have contact with the child.

Student's Medical information

Please list any and all Physical Defects, Limitations, Medications and/or Allergies:

Child's Physician: _____ Phone: _____ Hospital _____

Health Insurance Provider: _____ Policy #: _____

First Coast Christian School does not discriminate in student admissions on the basis of race, color, national or ethnic origin. As a private institution, the school reserves the privilege of setting and maintaining its own standards for student scholarship, conduct, dress, and appearance and maintains the right to deny admission to any student who fails to meet the basic admission requirements.

Father/Guardian Information:

Last Name: _____ First _____ M.I. _____

Social Security Number _____

Address _____ City _____ St. _____ Zip _____

Home Phone(_____) _____ Cell Phone(_____) _____ Pager (_____) _____

Spouse's name if other than student's mother: _____

Employer: _____ Work Phone(_____) _____

Church you Attend: _____ None Are you a member? YES NO

Are you a born-again Christian? YES NO

Email Address: _____ Are you interested in volunteering? YES NO

Mother/Guardian Information:

Last Name: _____ First _____ M.I. _____

Social Security Number _____

Address _____ City _____ St. _____ Zip _____

Home Phone(_____) _____ Cell Phone(_____) _____ Pager (_____) _____

Spouse's name if other than student's father: _____

Employer: _____ Work Phone(_____) _____

Church you Attend: _____ None Are you a member? YES NO

Are you a born-again Christian? YES NO

Email Address: _____ Are you interested in volunteering? YES NO

GO KNIGHTS!

Emergency/Pick-up Information

Please list at least two(2) adults (friends, relatives, or neighbors) that are authorized to remove your child from campus and mark those that should be used as an emergency contact if parents are unavailable.

1. Name _____ Relationship to child: _____
Emergency Contact NO YES If YES, provide phone # (_____) _____
2. Name _____ Relationship to child: _____
Emergency Contact NO YES If YES, provide phone # (_____) _____
3. Name _____ Relationship to child: _____
Emergency Contact NO YES If YES, provide phone # (_____) _____
4. Name _____ Relationship to child: _____
Emergency Contact NO YES If YES, provide phone # (_____) _____
5. Name _____ Relationship to child: _____
Emergency Contact NO YES If YES, provide phone # (_____) _____

Student's School History:

Last school attended: _____ Phone: _____

Address _____ City _____ Zip _____

Was student previously enrolled at FCCS? No Yes If no, reason for withdrawal from prior school:

Grades attended at FCCS : K3 K4 K5 1 2 3 4 5 6 7 8 9 10 11

Why do you want your child to attend First Coast Christian School? _____

Has student ever repeated a grade? No Yes Skipped a grade? No Yes Home Schooled? No Yes

Please Explain: _____

Has student ever been expelled or suspended? No Yes, Why? _____

Has the student had any type of special testing (Gifted, Learning Disability, ADD, ADHD, Dyslexia, etc.)? Yes No
If yes, please describe, and include a copy of the latest evaluation report.

Does the family have outstanding debts with other schools? No Yes, Where? _____

Do you have a Step Up For Students scholarship to apply to tuition? No Yes

2010-2011 AGREEMENTS AND WAIVERS

Please read carefully before signing!

Parent Orientation/Open House Agreement

I understand that it is required that at least one parent attend the Parent Orientation at the beginning of each school year.

Privacy Statement

I understand that all information collected within this application is solely for use at FCCS and that FCCS will not share or release this information in any form without the sole written release of the parent/guardian or the students once graduated.

Statement of Cooperation

In making application for my child it is my desire to have him/her complete the 2010-2011 school year. I also give permission for my child to take part in all school activities, including sports and school-sponsored trips away from the school premises, and absolve the school from liability to me or my child because of any injury to my child at school or during any school activity. I agree that lawsuits between Believers are prohibited by Scripture and agree to submit to binding arbitration any matters that cannot be otherwise resolved.

Medical Treatment Release

In case of accident or serious injury, I request that the school contact me. If the school is unable to reach me, I hereby authorize the school to call the physician named in the student's medical information of this application and to follow his instructions. If it is impossible to contact the physician, the school may make whatever arrangements necessary and I will not hold the school financially liable for my child's care.

Financial Agreement

I understand that the Registration Fee is required for my child's enrollment in First Coast Christian School and is non-refundable. I agree to pay the tuition rate listed in the school's financial brochure and I understand that tuition is charged on an annual basis and can be paid in full or through 10 monthly installments. I understand that if I choose to pay tuition in monthly installments, I must register with and use FACTS Management Service's monthly electronic withdrawal program. I also understand that should my account become delinquent, my child's enrollment may be terminated until the account is current.

Parent/Guardian Printed Name

Parent/Guardian Printed Name

Parent/Guardian Signature

Parent/Guardian Signature

Social Security Number (required)

Social Security Number (required)

Date

Date

Before & After School Care

I need to register for Before/After School Care. I will need to enroll in the following program: (Check all that apply)

- Before School Care (K5 – 6th) \$50 per month (A discount of \$10 is given for each additional child.)
- After School Care (K5 – 6th) \$75 per month (A discount of \$10 is given for each additional child.)
- MS/HS After School Study Hall (7-12) \$30 per month (Includes after school care no matter the number of days used in any given month)

Parent/Guardian Signature

Date