Student Photo

# FAITH CHRISTIAN SCHOOL

A MINISTRY OF BIBLE PRESBYTERIAN CHURCH OF COLLINGSWOOD 1115 HADDON AVENUE, COLLINGSWOOD, N.J. 08108 (856) 858 - 1559

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# Student Application Form (Kindergarten through 6<sup>th</sup> Grade)

For entrance into Faith Christian School in September 2009 (Please Print or Type All Information Legibly)

We welcome your application to Faith Christian School where we seek to put "Jesus Christ - First in Everything". Because of the unique nature of Christian education, and particularly Christian education that extends as a ministry of a local church, attendance at Faith Christian School is a privilege - not a right, and entails certain obligations as well as privileges. These obligations and privileges are more fully set out in the Student / Parent Handbook and elsewhere. Some of these obligations and responsibilities are financial, some are behavioral, some are academic, and some are participatory in nature. When a student is accepted into Faith Christian School, he or she is expected to participate fully in all class and school activities that apply to his or her class or other group. Parents are expected to bear the financial burden and give an appropriate home environment that furthers the academic and spiritual goals of the school. By making application for a student, parents, or those having legal custody and control of a student, are agreeing to comply with school standards and rules, and agree to require their student to comply as well.

Student Information: (Note: Application must be submitted by the family where the student resides.) Social Security # - -Name of Student: Address of Student: \_\_\_\_ (Street Address) (Apt. #) (State) Birthdate of Student: \_\_\_\_ Male Female Grade for which Student is applying to enter in September 2009: (Note: Students must be age appropriate for their grade, and will be tested and/or interviewed to determine final placement.) Please check all that apply: Student has been denied admission into another school. Student failed at another school, has been held back one or more years, or has repeated a grade. Student has been put on probation, suspended, removed, dismissed, expelled from or was asked to leave another school; or, student has had disciplinary difficulties and issues at school or elsewhere. Student has been determined to be habitually truant, delinquent, "a child in need", or guilty of an offense that would be categorized as a misdemeanor or felony if it had been committed by an adult. Student is not a United States citizen. Student has been tested for or diagnosed with a learning disability (Please attach copy of test results) Student has physical, mental or emotional disabilities, or has been under the care of a psychiatrist or psychologist, or requires regular medical treatments that may affect the Student's activities. Student has a mother tongue (native language) other than English. If you checked any of the above, please fully explain below. (Use another page if additional space is needed.) (Note: We are not able to enroll students who are not United States citizens, or who are not fluent in the English language. Students coming from another school must also be in good standing with their former school.) Name(s) of Parent(s) or other Person(s) having legal custody of student: Social Security # \_\_\_\_\_ - \_\_\_ - \_\_\_\_ 1. Name: (Middle) (Last) Address of Person #1: (Street Address) (Apt. #) Relationship to student:

| Occupation:  |                               | Marital Status:                 |                                |                        |                 |
|--|-------------------------------|---------------------------------|--------------------------------|------------------------|-----------------|
| Home phone: (  | ) -                           |                                 |                                |                        |                 |
| Cell phone: (_   |                               |                                 |                                |                        |                 |
| Work phone: (  |                               |                                 |                                |                        |                 |
| E-mail:  |                               |                                 |                                |                        |                 |
|  |                               |                                 | Social Security #              |                        |                 |
| (Last)   | (First)                       | (Middle)                        |                                |                        |                 |
|  |                               |                                 |                                |                        |                 |
|  | (Street Addres                | es)                             |                                | Apt. #                 |                 |
|  |                               |                                 |                                |                        |                 |
|  | City)                         |                                 | (State)                        | (Zip)                  | )               |
| Relationship to stud   | ient:                         | Marital Status:                 |                                |                        |                 |
|  |                               |                                 |                                |                        |                 |
| Home phone: (  |                               |                                 |                                |                        |                 |
| Work phone: (  |                               |                                 |                                |                        |                 |
| E-mail:  | /                             |                                 |                                |                        |                 |
|  |                               |                                 |                                |                        |                 |
| Are there any legal custor   | <u>dy issues related</u>      | to this student?                | If "yes", please exp           | lain below:            |                 |
|  |                               |                                 |                                |                        |                 |
| (Please note: It is school policy n  | not to release any stude      | ent to any nerson except a per  | son having legal custody of th | ne student linless the | a nerec         |
| having legal custody has provided party. <i>Please see enclosed "Pic</i> . | l a release <i>IN WRITING</i> | to the teacher, principal or he |                                |                        |                 |
| Emergency Contact Inform   | mation:                       |                                 |                                |                        |                 |
| 1. Student's Physician: _  |                               |                                 | Phone: (                       | )                      |                 |
| -  | <del></del>                   |                                 |                                |                        |                 |
| A  | Address                       |                                 | City                           | State                  | Zi <sub>l</sub> |
| <ol><li>Additional Emergency (</li></ol>                                   | Contact other than            | persons having legal cus        | tody and control of the o      | child:                 |                 |
| Name:  |                               |                                 | Phone: (                       | ) -                    |                 |
| _  |                               |                                 |                                |                        |                 |
| A  | Address                       |                                 | City                           | State                  | Zip             |
| F  | Relationship to Stud          | dent:                           |                                |                        |                 |
| Health History: Please gisustained by the Student. P                       | Please also compl             | ete GREEN Medical/He            | alth Form and enclose          | with application       | 7.              |
| •  | ord from the olddent o        | onyololan, and the orcervine    | and also required to           | somplete tino applicat |                 |
| Church Background:   |                               |                                 |                                |                        |                 |
| <ol> <li>Church Student attends</li> <li>Church Parent/Guardia</li> </ol>  | s:                            |                                 | Frequent?                      | Infrequent?            |                 |
| 2. Church Parent/Guardia   | n #1 attends:                 |                                 | Frequent?                      | Infrequent?            |                 |
| <ol><li>Church Parent/Guardia</li></ol>                                    | n #2 attends:                 |                                 | Frequent?                      | Infrequent?            |                 |
| Sibling Enrollment: Name   | es of Student's sibl          | ings enrolled in or enrolli     | ng in Faith Christian Sch      | iool:                  |                 |
|  |                               | _                               |                                |                        |                 |
| Name:<br>Name:   |                               |                                 | Grade:                         |                        |                 |
| Name:  |                               |                                 | Grade:                         |                        |                 |
| Name:  |                               |                                 | Grade:                         |                        |                 |
| Name:  |                               |                                 | Grade:                         |                        |                 |
| Cohool Awaranasa   |                               |                                 |                                |                        |                 |
| School Awareness:  |                               |                                 |                                |                        |                 |
| How did you hear about Fai   |                               | l?                              |                                |                        |                 |
| School was recommended.  | DV.                           |                                 |                                |                        |                 |

| <br><u>Application Motivation</u> : Christian School. | Please state | the reason | ns that yo | u seek | admission | for your | Student / | Applicant | to Fai |
|---|--------------|------------|------------|--------|-----------|----------|-----------|-----------|--------|
|   |              |            |            |        |           |          |           |           |        |

#### **TUITION PAYMENT AND OTHER COSTS:**

<u>Tuition for EACH STUDENT enrolled is \$4,500.00 for the 2009 - 2010 Academic Year</u>. The 2009-2010 Academic Year begins on Wednesday, September 9, 2009, and ends on Friday, June 11, 2010. Tuition payments are <u>NOT</u> based on school days in a particular month. Tuition is based on the school's annual operating budget, and must be paid as set out in the <u>Annual Tuition Schedule</u> (PURPLE FORM), regardless of the number of days the Student attends each month. No discount is given for days a student is out sick, or absent for other reasons. All holidays and partial months were taken into account when the tuition rates were set. The person(s) responsible for paying the Student Applicant's tuition and fees must sign and return the Annual Tuition Schedule with this Application.

## TUITION PAYMENT PLAN, LATE PAYMENT FEES AND OTHER COSTS AND FEES:

General information regarding the Tuition Payment Plan, tuition late fees, returned check fees, book fees, school uniforms, meals, transportation, insurance, field trips, etc. is set out on the **Annual Tuition Schedule** (PURPLE FORM). Details are found in the Student/Parent Handbook given to the family when the Student is officially accepted.

### SCHOLARSHIP REQUEST FORM: ("Prompt Application Scholarship" - Valpak Advertisement)

A "Scholarship Request Form" [ORANGE FORM] is included with this Student Application. A limited number of "Prompt Application Scholarships" are available under the terms and conditions set out on the ORANGE FORM.

#### DISCOUNTS FOR MULTIPLE STUDENTS FROM THE SAME FAMILY:

We are sorry that we are not able to grant discounts at this time to families who have more than one student from a family enrolled in Faith Christian School.

# **NON-REFUNDABLE REGISTRATION FEE - \$300.00**

The \$300.00 Non-Refundable Registration Fee is <u>IN ADDITION</u> to tuition. No student is considered registered or enrolled in Faith Christian School until, <u>among other requirements</u>, a three-hundred-dollar (\$300.00) annual, non-refundable registration fee has been paid on behalf of the student. If the registration fee has been submitted but the student is not accepted, the registration fee will be returned to the person submitting the fee. <u>If the student is accepted for enrollment by an official letter of acceptance, and for any reason the student does not enter the school, or withdraws or is dismissed after entering school, the registration fee is not refundable in whole or in part.</u>

NOTE: The non-refundable registration fee is <u>IN ADDITION</u> to the monthly tuition and other fees, and only holds a place for the Student during the Application process as classes fill on a rolling basis.

#### **ACKNOWLEDGEMENT OF UNDERSTANDING AND AGREEMENT:**

I/We certify that I/we have read and understood this application in its entirety. I/We further certify that I/we have received, read, understand and agree to abide by the standards set forth in the **Statement of Cooperation** of Faith Christian School. I/we further certify that all information given on this application is true, complete, and accurate, and that any falsification on this Application or accompanying documents is grounds for withholding admission from the Student Applicant, or administratively withdrawing the Student Applicant from the school (if the said Student Applicant has already been accepted), without legal or equitable recourse or appeal by any person.

| WHEREUNTO, I/we have hereunto set my/our hand(s) and seal(s), this the                    | e day of, 2009 A.D  |
|---|---------------------|
| (Signature of person with legal custody and control of Student Applicant) - Father        | (Date of signature) |
| (Signature of person with legal custody and control of Student Applicant) - <b>Mother</b> | (Date of signature) |
| (Signature of any other <b>Guardian</b> or person having legal custody of the Student)    | (Date of signature) |

IF THE STUDENT HAS TWO PARENTS WITH LEGAL CUSTODY, BOTH PARENTS MUST SIGN ACKNOWLEDGEMENT