



Dear Parents,

We are honored that you have expressed an interest in our school and for entrusting your child(ren)'s academic future into our care. We are thankful to God for allowing us this opportunity and do not take it lightly. It is our heart's desire to provide your child(ren) with a strong academic curriculum and, at the same time, encourage and develop their spiritual walk with the Lord.

Attached are several forms that will need to be completed and turned in by March 20, 2020 along with your registration fee of \$225 per student. The registration fee must accompany these forms in order to temporarily hold a space for your child(ren) during the registration process. We accept cash or check for the registration fee(s). If paying by check, please make checks payable to Church on the Rock. If paying by cash, please submit the cash in a sealed envelope marked with FCA Registration Fee(s), your child(ren)'s name and the amount enclosed. We also included a checklist as a reference for the documents needed.

Please provide your documents and registration fee(s) in a sealed envelope to Christina Guzman, during work hours, by March 20, 2020. After we review your application, we will be in contact to setup an interview with you and the FCA staff in late March or early April. Also, all students that are accepted will take the California Achievement Test on Saturday, April 18, 2020 or April 25, 2020.

If you have any questions, please do not hesitate to contact me at the church office.

Again, we thank you for your trust and confidence in us to provide your child(ren) with a Christ-centered education. We look forward to partnering with you in this journey.

Sincerely,

A handwritten signature in blue ink that reads 'Christina Guzman'.

Christina Guzman
Administrator
Faith Christian Academy



FCA Student Enrollment Packet Checklist 2020-2021 School Year

STUDENT INFORMATION:

Student's Name: _____

- _____ Application
- _____ Family Monthly Budget Form
- _____ Registration Fee
- _____ Enrollment Contract
- _____ School Transcripts
- _____ Final Report Card
- _____ Birth Certificate
- _____ Current Immunization Record
- _____ Vision and Hearing Screening (where applicable – see below)
- _____ Scoliosis Screening (where applicable – see below)
- _____ FCA Child Annual Waiver (with a copy of insurance)
- _____ FCA First Aid Permit
- _____ Authorization for Dispensing Medication (if applicable)

Health Care Records

- All kindergarten, 1st, 3rd, 5th and 7th grade students and first-time entrants through 12th grade must provide a Vision and Hearing Screening from their physician.
- All 6th and 9th grade students must provide a Scoliosis Screening from their physician.

Student Last Name: _____
Student First Name: _____
Applying for Grade: _____

APPLICATION FOR ADMISSION

***Church on the Rock
Faith Christian Academy***

**925 Golden Oaks Road
Georgetown, TX 78628
(512) 864-7713**



Philosophy Statement

The philosophy of Faith Christian Academy of Georgetown, Texas is based on a God-centered view that all truth is God's truth, and that the Bible is the inspired and the only infallible, authoritative Word of God that contains this truth. God created all things and sustains all things. Therefore, the universe and humanity are dynamically related to God and have the purpose of glorifying Him. Because humans are sinners by nature and choice, they cannot glorify or know God. A person can do this only by choosing God's free gift of salvation through His Son, thereby committing his or her life to the Lordship of Jesus Christ.

Our aim socially is to provide a Christian perspective on life and the world from which will come a balanced personality and a proper understanding and acceptance of one's role in life and home, at work, at play, and at worship – all grounded in the Christian concept of love.

Our responsibility for the student encompasses the spiritual, intellectual, physical, social, and emotional areas. These are inseparable, and through them all runs the thread of the spiritual. Therefore, it must be our aim to shun the tendency to teach the Bible compartmentally or on the intellectual level alone – the spiritual thread must be woven throughout the total curriculum.

This philosophy dictates that we cooperate closely with parents in every phase of the student's development, always offering assistance in understanding the purposes of the Christian school.

PLEASE PRINT WITH BLUE OR BLACK INK

STUDENT INFORMATION:

Student's Full Name:

First

Last

Middle

Preferred Name: _____ Male: Female:

Birthdate: ____ / ____ / ____ Ethnicity: African American Caucasian Indian

Native American Hispanic Other: _____ Grade: _____

FAMILY INFORMATION:

Are Both Parents Living? Yes No

Married: _____ Separated: _____ Divorced: _____ Remarried: _____

Full Name of Parent(s) Child Lives With:

If Parents Are Divorced:

Name of Parent Student Does **NOT** Live With: _____

Name of Parent Who Is Legally/Financially Responsible for the student: _____

Internet Available at Home: Yes No Preferred Method of Contact: _____

Please provide FCA with a copy of the legal visitation schedule and custody agreement.

PARENT INFORMATION:

If you are a Guardian, please attach a copy of the guardianship document.

Father's Information

First

Last

Middle

Mailing Address

City

State

Zip Code

Home Phone

Cell Phone

Email

Are you a member of Church on the Rock? Yes No

Employer: _____ Occupation: _____

Work Address

City

State

Zip Code

PLEASE PRINT WITH BLUE OR BLACK INK

Business Phone

Extension

Business Email

Mother's Information

First

Last

Middle

Mailing Address

City

State

Zip Code

Home Phone

Cell Phone

Email

Are you a member of Church on the Rock? Yes No

Employer: _____ Occupation: _____

Work Address

City

State

Zip Code

Business Phone

Extension

Business Email

Stepfather's Information

First

Last

Middle

Mailing Address

City

State

Zip Code

Home Phone

Cell Phone

Email

Are you a member of Church on the Rock? Yes No

Employer: _____ Occupation: _____

Work Address

City

State

Zip Code

Business Phone

Extension

Business Email

Stepmother's Information

First

Last

Middle

Mailing Address

City

State

Zip Code

PLEASE PRINT WITH BLUE OR BLACK INK

Home Phone

Cell Phone

Email

Are you a member of Church on the Rock? Yes No

Employer: _____ Occupation: _____

Work Address

City

State

Zip Code

Business Phone

Extension

Business Email

List All Siblings in Your Home (Include Non-School Age Children):

_____	Grade: _____	Birthdate: _____ / _____ / _____
_____	Grade: _____	Birthdate: _____ / _____ / _____
_____	Grade: _____	Birthdate: _____ / _____ / _____
_____	Grade: _____	Birthdate: _____ / _____ / _____
_____	Grade: _____	Birthdate: _____ / _____ / _____

EMERGENCY CONTACTS:

Please provide the information below for two emergency contacts that have permission to assume temporary care of your child if you cannot be reached:

First

Last

Middle

Mailing Address

City

State

Zip Code

Home Phone

Cell Phone

Email

First

Last

Middle

Mailing Address

City

State

Zip Code

Home Phone

Cell Phone

Email

PLEASE PRINT WITH BLUE OR BLACK INK

First

Last

Middle

Mailing Address

City

State

Zip Code

Home Phone

Cell Phone

Email

Check here if these people have permission to drop-off and pick-up your child at/from school.

MEDICAL/BEHAVIORAL INFORMATION:

Are there any medical conditions we need to be made aware of? Yes No

If yes, please explain: _____

Are there any allergy conditions we need to be made aware of? Yes No

If yes, please list them along with their reactions: _____

Does your child take any medication we need to be made aware of? Yes No

If yes, please list them along with any side effects: _____

Has your child received counseling and/or treatment for emotional or behavioral issues? Yes No

If yes, please explain: _____

Does your child have a diagnosed learning disability? Yes No

If yes, please explain: _____

PLEASE PRINT WITH BLUE OR BLACK INK

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician/dentist below and to follow his/her instructions. If it is impossible to contact this physician/dentist, the school may make medical arrangements they deem necessary.

Parent/Guardian Signature: _____

Name of Physician: _____ Office Phone: _____

Name of Dentist: _____ Office Phone: _____

Does your child receive special accommodations for academics or behavior while attending school?

Yes No If yes, please explain: _____

If the student receives special accommodations at their current school, please provide a copy of the student's special education or 504 documentation.

ACADEMIC INFORMATION:

Name of Current School Attending: _____

Type of School: Public Private Home School _____

Grades Attended (Attach transcript or copy of student's last report card): _____

Name of Principal/Head of School: _____ Phone Number: _____

Address

City

State

Zip Code

Reason for Leaving: _____

Is the Student Able to Return? Yes No

What type of classes is your student enrolled in?

Pre-AP or AP Honors Gifted and Talented Grade Level
 Resource/Enrichment Special Needs Other _____

If your child is currently home schooled, please answer the following:

- What curriculum is the student using? _____
- Is the curriculum through an accredited program (if yes, provide transcript)? Yes No
- What grade level curriculum is the student currently working on? _____

The student must complete their current grade level curriculum by June 1st in order to be enrolled in the next grade.

PLEASE PRINT WITH BLUE OR BLACK INK

ACADEMIC SKILLS	SUPERIOR	GOOD	AVERAGE	BELOW AVERAGE	N/A
Listens to and follows teacher's directions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates an appropriate attention span	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exhibits good study habits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Completes assigned tasks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Expresses written ideas clearly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Expresses verbal ideas clearly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Responds positively to constructive criticism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Establishes friendships easily and is considerate of others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates maturity level that is age-appropriate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is respected by faculty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is respected by peers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Respects others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates self-discipline	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Takes responsibility for belongings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates appropriate behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is a positive influence on peers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CONFIDENTIAL RECOMMENDATION FORM

Has your child been in a resource room for instruction? Yes No

If yes, please give the subject areas in which your child received assistance: _____

Has your child been tested for learning disabilities? Yes No

If yes, please explain and provide testing results: _____

Is your child currently taking prescribed medication? Yes No

If yes, please list the medications and symptoms/diagnosis taken for: _____

PLEASE PRINT WITH BLUE OR BLACK INK

Has medication been recommended for your child? Yes No

If yes, please explain: _____

Please add comments regarding your child's strengths, challenges, special needs, social and emotional development, etc.:

Please add comments regarding your child's behavior:

OTHER SCHOOLS ATTENDED:

Name of School	Location	Grade(s)	Dates
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Has the student ever been suspended from a school or asked to leave? Yes No

If yes, please explain: _____

Describe your expectations of Faith Christian Academy in regard to your child's education:

FCA MISSION STATEMENT:

The mission of Faith Christian Academy of Georgetown is to assist Christian parents by providing a Bible-based, Christian education that inspires each student to pursue excellence—spiritually, academically, emotionally, and physically—and to prepare students for a life grounded in God's truth and directed by the Holy Spirit making the Word final authority.

PLEASE PRINT WITH BLUE OR BLACK INK

PARENT'S STATEMENT:

As the Parent(s)/Guardian(s) of the student applicant named herein, I (we) state that I (we) agree with the Doctrinal Statement, Mission Statement and the philosophy of FCA. I (we) agree that, upon acceptance of the herein named student, I (we) will pledge ourselves to work with the FCA Staff, Administration and Faculty within these statements to the betterment of our student and to assist and cooperate with the school in the Christian Education of my (our) child. I (we) understand that the enclosed Registration Fee is non-refundable and that the receipt of the application does not guarantee any admission as said admission is subject not only to space available but also to the FCA policies, procedures, and guidelines. I (we) further understand and acknowledge that continued enrollment of my (our) child, if admitted to FCA, shall be subject to the payment of all fees and charges set forth on the schedule of fees; my (our) student's compliance with the code of conduct, student covenant, and policies established by FCA and my (our) compliance with the code of conduct, parent covenant, and policies established by FCA.

Parent(s) or Guardian Signature:

Printed Name

Signature

Date

Printed Name

Signature

Date

NON-DISCRIMINATORY POLICY:

FCA does not discriminate on the basis of race, color, or national and ethnic origin, to all rights, programs, and activities available to students at the school. It does not discriminate on the basis of race, color, or national and ethnic origin, of these education policies, school programs, athletics, or other school-administered programs.

FINAL INSTRUCTIONS:

This Application for Admission must be completed in its entirety for each student seeking admission to FCA. It should be submitted along with a non-refundable Registration Fee to the school office on the campus of FCA on or before the open enrollment deadline.



FCA Family Budget Form 2020-2021 School Year

We request the budget information below to verify your ability to pay the FCA tuition to cover curriculum, staff, and operating costs. This information will only be viewed by the school administrator and kept confidential and in a secure location.

PLEASE PRINT WITH BLUE OR BLACK INK

STUDENT'S NAME:

MONTHLY INCOME	AMOUNT
Total Monthly Income	\$
MONTHLY EXPENSES (3 months average)	AMOUNT
Total Monthly Expenses	\$
INCOME MINUS EXPENSES	AMOUNT
Total Monthly Overage	\$

By signing below, I/we certify that the budget information provided is true and correct to the best of my/our knowledge.

Parent(s) or Guardian Signature:

Printed Name

Signature

Date

Printed Name

Signature

Date



FCA Enrollment Contract 2020-2021 School Year

In consideration of the acceptance of this Enrollment Contract by FCA, the undersigned agrees to pay the required fees as specified below.

PLEASE PRINT WITH BLUE OR BLACK INK

KINDERGARTEN – 12 TH GRADE				
STUDENT'S NAME	GRADE	REG FEE DUE 3/20/20	PAYMENT PLAN A ONE PAYMENT NO BANK DRAFT DUE MAY 1, 2020	PAYMENT PLAN B 12 MOS. PAYMENT BANK DRAFT MAY 2020-APR 2021
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I understand that my commitment to pay will help facilitate the costs for salaries and school expenses. Therefore, by signing below, I agree to pay the registration fee and understand that the registration fee is non-refundable. I also agree to pay the full tuition per student, as stated above, whether I choose to withdraw my student from Faith Christian Academy anytime during the 2020-2021 school year.

Parent(s) or Guardian Signature:

<i>Printed Name</i>	<i>Signature</i>	<i>Date</i>
<i>Printed Name</i>	<i>Signature</i>	<i>Date</i>

FCA Office Use

Received By: _____ Date Received: _____

Amount Paid: _____ Payment Type: _____



FCA Child Annual Waiver 2020-2021 School Year

By signing below, I, _____ testify that I am the legal parent/guardian of the the child(ren) listed below:

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

and hereby declare that permission/consent has been granted for my child(ren) and/or custodial minor(s) to attend and participate in any events for the 2020-2021 school year with Faith Christian Academy. I understand what duties, responsibilities and tasks are required to participate in these events. I declare that my child(ren) is/are physically and mentally able and competent to participate in these events. I also hereby release the officers, employees, agents, or representatives of Faith Christian Academy and Church on the Rock, Georgetown from any and/or all liability associated with these events. I authorize the officers, employees, agents, or representatives to make decisions for any and all medical attention my child(ren) may require while in the care of said officers, employees, agents, or representatives. I have been given an opportunity to submit below any known medical conditions and allergies for my children; as well as all activities that I wish my child(ren) not participate in. If there are any changes in medical, emergency contact and/or insurance information as well as any activities I do not want my child(ren) to participate in, I understand it is my responsibility to inform the officers, employees, agents, or representatives prior to each event by submitting an *FCA Annual Waiver Change Form*. I understand that events are subject to change and by signing this document, I agree to these terms for updated events as well. I understand that by signing the *FCA Child Annual Waiver Form*, I am not committing my child(ren) to attend all Faith Christian Academy events and that I am responsible to sign-up them up for each event for planning purposes.

I understand that if a student, parent, teacher, assistant, or substitute of Faith Christian Academy or individual that attends Church on the Rock organizes an activity or event that is not on the Faith Christian Academy or Church on the Rock calendar or does not have a sign-up sheet or slide on the pre-service presentation, it has not been authorized by Faith Christian Academy or Church on the Rock and is not a school or church-sponsored activity or event. I also understand that this form, as well as the Faith Christian Academy and Church on the Rock Guidelines and Procedures, would not apply to this activity or event and all responsibility and liability would fall solely on the individual organizing the activity or event.

MEDICAL INFORMATION:

List each child individually and list any allergies and/or medical conditions pertaining to each child. If there are no allergies and/or medical conditions, write N/A.

CHILD'S NAME	ALLERGIES	MEDICAL CONDITION

EXCLUDED ACTIVITIES:

List any activities, per child if applicable, that you DO NOT want your child(ren) participating in:

EMERGENCY CONTACT (REQUIRED):

Printed Name *Relationship* *Phone Number*

INSURANCE:

Do you have medical insurance? (If yes, a copy of your card is required.) Yes No

Signed this Day: _____ Month: _____ Year: _____

Printed Name *Signature* *Relationship to Child*



FCA First Aid Permit 2020-2021 School Year

By signing below, I, _____ testify that I am the legal parent/guardian of the child(ren) listed below:

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

and I authorize the officers, employees, agents, or representatives to make decisions for any and all medical attention my child(ren) may require while in the care of said officers, employees, agents, or representatives. I have been given an opportunity below to submit any known medical conditions and allergies for my children. If there are any changes in medical and emergency contact information, I understand it is my responsibility to inform the officers, employees, agents, or representatives and update the school office.

FIRST AID CARE:

List each child individually and circle Yes or No for each first aid item. If you choose no, please indicate your preference for treatment.

CHILD'S NAME	BANDAGE/ GAUZE	COLD PACK	ANTIBIOTIC CREAM	ANTI-ITCH CREAM	ALCOHOL SWAB	PREFERENCE
	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	
	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	
	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	
	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	
	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	

List each child individually and list any allergies and/or medical conditions pertaining to each child. If there are no allergies and/or medical conditions, write N/A.

CHILD'S NAME	ALLERGIES	MEDICAL CONDITION

Parent/Guardian's Signature:

Printed Name *Signature* *Date*



FCA Authorization for Dispensing Medication 2020-2021 School Year

PARENT'S AUTHORIZATION:

By signing below, I authorize the officers, employees, agents, or representatives of Faith Christian Academy to dispense the following medication to my child. The medication must be in its original container and labeled with the child's name and the date medication was provided to the school. Medication can only be administered in the amount stated in the label directions.

Child's Name: _____

Parent/Guardian's Signature: _____

Printed Name
Signature
Date

MEDICATION:

Medication to be Dispensed:					
Time(s) to be Administered:			Dosage:		
Period of Time to be Administered:		(date)	to		(date)
Possible Side Effects:					
Reason for Medication:					
Prescribing Physician:					
Physician Phone Number:					

MEDICATION:

Medication to be Dispensed:					
Time(s) to be Administered:			Dosage:		
Period of Time to be Administered:		(date)	to		(date)
Possible Side Effects:					
Reason for Medication:					
Prescribing Physician:					
Physician Phone Number:					

MEDICATION:

Medication to be Dispensed:					
Time(s) to be Administered:			Dosage:		
Period of Time to be Administered:		(date)	to		(date)
Possible Side Effects:					
Reason for Medication:					
Prescribing Physician:					
Physician Phone Number:					