

Faith Community Christian School

Enrollment Application
2017-2018 School Year

For



W5949 Hackbarth Road
Fort Atkinson, WI 53538
Phone: (920) 563-9954 Fax: (920) 563-4754
E-mail: school@fccfa.com
www.fccfa.com

General Information

How did you hear about Faith Community Christian School?

Briefly state your reasons for wanting your child in a Christian school.

Has the student ever made a personal decision to trust Christ as Savior?

Does the student have any musical talent, play a musical instrument or have a strong interest in sports? Please describe.

Family Christian Experience

Faith Community Christian School provides Christian education for Christian families in the Fort Atkinson area. Therefore, it is important that we know something about your family's Christian experience.

What church do you attend? _____

Give a brief history of your family's involvement in church activities.

Briefly describe your relationship to Christ and/or your religious background.

What do you expect to gain spiritually for your family as a result of having your child(ren) enrolled in a Christian school?

Financial Information (for families applying for financial aid)

Does your family qualify under the federal guidelines for the Free and Reduced Lunch Program? YES NO

Will you be seeking tuition assistance through Faith Community Christian School? YES NO

If yes, how much will you be seeking? \$ _____ (Applies only to K-8 grades)

Note: Applications for tuition assistance must be submitted by June 15 for the following school year.

Academic Information

Has the student ever:

	YES	NO	If yes, please explain
Repeated a grade or failed a course?	<input type="checkbox"/>	<input type="checkbox"/>	
Been given extra tutoring?	<input type="checkbox"/>	<input type="checkbox"/>	
Been evaluated for admission into Special Education?	<input type="checkbox"/>	<input type="checkbox"/>	
Been assigned to Special Education of any kind?	<input type="checkbox"/>	<input type="checkbox"/>	
Required more than normal disciplinary action?	<input type="checkbox"/>	<input type="checkbox"/>	
Been absent from school for long periods of time?	<input type="checkbox"/>	<input type="checkbox"/>	
Had any involvement with smoking, drinking, or drugs?	<input type="checkbox"/>	<input type="checkbox"/>	
Had any physical, emotional, or other problems that affect attendance or the ability to succeed in school?	<input type="checkbox"/>	<input type="checkbox"/>	

References

Please provide the name of someone in church leadership (ie: Pastor, Elder, Sunday School teacher) who would know the student well enough to make a recommendation.

Name		Position	
Address			
City	State	Zip code	Phone: ()

Please provide the name of someone in your church or community who will know the student well enough to make a recommendation.

Name		Position	
Address			
City	State	Zip code	Phone: ()

A family interview with the school administrator will be scheduled after all required forms are received in the school office.

I/we understand that this application will be reviewed and that I/we will be interviewed with my/our child(ren) before admission can be approved or disapproved. I/we will support the Mission Statement, Parent Promise, non-discriminatory policy, philosophy, Articles of Faith, Student Lifestyle Statement and all rules and regulations as stipulated in the Student Handbook.

Father's signature Date

Mother's signature Date

FOR OFFICE USE			
Date received	Interview date	Date approved	Date disapproved
Comments:			

