



Please include a **\$25.00 non-refundable application fee**.  
The **\$100 registration fee** for **EACH STUDENT** is due upon acceptance.

**Family Name** \_\_\_\_\_ **Date of Application** \_\_\_\_\_

**Home Address**

Street Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_

**Mailing Address, if different**

Street Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_

**Primary Parental Contact**

Name (First & Last) \_\_\_\_\_

Street Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_

Relationship \_\_\_\_\_

Primary Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Social Security # \_\_\_\_\_

Employer/Occupation \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

Church Attending (Name) \_\_\_\_\_

Are You Born Again? (circle one)    Y    N

**Secondary Parental Contact**

Name (First & Last) \_\_\_\_\_

Street Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_

Relationship \_\_\_\_\_

Primary Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Social Security # \_\_\_\_\_

Employer/Occupation \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

Church Attending (Name) \_\_\_\_\_

Are You Born Again? (circle one)    Y    N



**Student Information**

| Student(s) Full Name | Date of Birth | Gender | Entering Grade | Ethnicity / Race | Primary Language Spoken at Home |
|----------------------|---------------|--------|----------------|------------------|---------------------------------|
|                      |               |        |                |                  |                                 |
|                      |               |        |                |                  |                                 |
|                      |               |        |                |                  |                                 |
|                      |               |        |                |                  |                                 |
|                      |               |        |                |                  |                                 |

\*Hispanic/Latino—a person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race

\*\*Race--choose one: white, black, Asian, Pacific Islander, American Indian (if multi-racial, please indicate all that apply)

*Federal Reporting: School districts in Massachusetts are required to report to the Massachusetts Department of Education student data by race and ethnicity categories set by the federal government. The Department of Education reports to the federal government the total number of students in various categories and not individual student data. These reports help track changes in student enrollment and ensure all students receive the educational programs and services for which they are entitled.*

*Fellowship Christian Academy does not discriminate on the basis of sex, race, color, or national and ethnic origin in the administration of its educational policies, admission policies, scholarship programs, and athletic and other administered programs. These questions are for informational purposes only and are required by Massachusetts and Federal law. Additional information can be found on the state's website:*

*[http://www.doe.mass.edu/infoservices/data/guides/race\\_faq.html](http://www.doe.mass.edu/infoservices/data/guides/race_faq.html)*



**Emergency Contacts** *(other than primary and secondary parental information)*

Name/Relationship \_\_\_\_\_ Name/Relationship \_\_\_\_\_  
 Primary Phone \_\_\_\_\_ Primary Phone \_\_\_\_\_  
 Cell/Work Phone \_\_\_\_\_ Cell/Work Phone \_\_\_\_\_

**Guardian (circle one):**      Both Parents      Father      Mother      Other

**Student(s) live with (circle one):**      Both Parents      Mom & \_\_\_\_\_      Dad & \_\_\_\_\_

                 One Parent Deceased      Mom Only      Dad Only      Guardian      Other

**Release to Non-Custodial Parent (if applicable):** Yes    No    (if no, court documentation required upon acceptance)

**Student Pick-Up Authorization:** List anyone who has permission to pick up your student (besides parents)

|                         |                         |
|-------------------------|-------------------------|
| Name/Relationship _____ | Name/Relationship _____ |
| Primary Phone _____     | Primary Phone _____     |
| Name/Relationship _____ | Name/Relationship _____ |
| Primary Phone _____     | Primary Phone _____     |
| Name/Relationship _____ | Name/Relationship _____ |
| Primary Phone _____     | Primary Phone _____     |



**Medical Information**

Doctor's Name \_\_\_\_\_ Doctor's Phone \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

Insurance (circle one):    Private    Medicaid    No Insurance    Other \_\_\_\_\_

Policy Holder \_\_\_\_\_ Relationship to Child(ren) \_\_\_\_\_

Policy Number \_\_\_\_\_ Group Number \_\_\_\_\_

Allergies \_\_\_\_\_ (student) \_\_\_\_\_

Allergies \_\_\_\_\_ (student) \_\_\_\_\_

Does any student have asthma? \_\_\_\_\_ (name) \_\_\_\_\_

Does any student have diabetes? \_\_\_\_\_ (name) \_\_\_\_\_

Medications \_\_\_\_\_ (student) \_\_\_\_\_

Medications \_\_\_\_\_ (student) \_\_\_\_\_

**Academic Information**

Please list name of student(s) and any academic concerns, learning disabilities, and if they have an IEP in place:

\_\_\_\_\_

Does your child have a current **IEP** or **ILP**? *(If yes, circle one; please provide a copy with this application.)*

Any other information you feel would be helpful for FCA to know about your student or your family:

\_\_\_\_\_

Last school attended \_\_\_\_\_

Has your child ever been suspended or expelled? \_\_\_\_\_ (If yes, attach name and a written explanation)

Has your child ever been asked to withdraw? \_\_\_\_\_ (If yes, attach name and a written explanation)



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**Application Agreement**

Please review the following statements and **initial** each in agreement:

\_\_\_\_\_ **Medication Agreement:** Authorization for designated Fellowship Christian Academy representative to administer **Acetaminophen** (i.e. *Tylenol*) and/or **Ibuprofen** (i.e. *Advil/Motrin*) to student(s) (**circle one or both**).

\_\_\_\_\_ **Medical Treatment Agreement:** Permission for designated Fellowship Christian Academy representative(s) to administer first aid medical treatment or hospitalization in case of emergency, provided that all reasonable efforts are made to contact parent(s), and according to their best judgment.

\_\_\_\_\_ **Liability Agreement:** Authorization to release and hold harmless Fellowship Christian Academy, Fellowship Bible Church, the staff, and chaperones from any and all actions of any nature for personal injury arising from child's participation in any field trip activities.

\_\_\_\_\_ **Field Trip Agreement:** Permission for student to participate in class and school field trips, chaperoned by teachers, staff, and authorized representatives.

\_\_\_\_\_ **Media Agreement:** Permission for Fellowship Christian Academy to use and/or copyright identifiable information about my child(ren) including photographs, video, name, school of attendance, athletic achievements, academic achievements, and/or art works for publication, advertising or other lawful purposes including but not limited to publication on any Fellowship Christian Academy webpage and social media, understanding that this information may be published worldwide.

\_\_\_\_\_ **Statement of Support:** I/We, the parent(s)/guardian(s), living with our children and enrolling our children into Fellowship Christian Academy, do acknowledge, by virtue of our signatures, the school's liberty to instruct our children fully, according to the school's Biblical positions, expecting no special exemption whatsoever for our children.

\_\_\_\_\_ **Financial Obligations:** I/We understand that Fellowship Christian Academy is a tuition-based school and agree to make the appropriate payments in a timely manner. Late payments are subject to a late fee. Balances that remain unpaid may result in the withholding of students' report cards, transcripts, and diplomas, and may even result in withdrawal from Fellowship Christian Academy.



I/We further agree, after carefully reading the school handbook, to support and enforce all the standards and spirit of the policies and procedures as described in the school handbook.

I/We also attest that at the time of the signing of this statement our children are not involved with cigarette smoking, drug abuse of any sort, or the consumption of alcohol and will, as much as lies within our knowledge and control, be prohibited from any such involvement throughout their enrollment in the school. I/We likewise agree to prohibit our children's involvement with any entertainment or activity which is contrary to Biblical principles of morality, ethics, and conduct or is identified with those whose lifestyles are associated with such. In questionable situations, we agree to refrain rather than risk. I/We understand that the opinion of the school leadership shall be the final authority in questionable areas.

I/We understand, having read this statement carefully, and having had opportunity to clarify, through our questions, why the school has these standards. My/Our signatures further imply that we understand fully that we and our children are expected to comply with these conditions twelve months per year, and that our children's enrollment status is subject to review. I/We understand that the school leadership reserves the prerogative to dismiss our children from the school if, as a result of our children's review, the leadership deems such a measure to be in the best interest of the school.

How did you hear about FCA? \_\_\_\_\_

**I/We have read the terms stated on the application and agree to them and that all information given on this application is current and true.**

**Signatures of Parents/Guardians**

**Date**

For office use:

App. Received: \_\_\_\_\_ Fee received: \_\_\_\_\_ Cash/Check #: \_\_\_\_\_ Date Charged: \_\_\_\_\_ Date Pymt. Applied: \_\_\_\_\_

Acceptance Yes or No Date: \_\_\_\_\_ School records: \_\_\_\_\_ Health records: \_\_\_\_\_

Student Testimony: \_\_\_\_\_ Parents' Testimony: \_\_\_\_\_ Pastor's Recommendation: \_\_\_\_\_ Spiritual Atmosphere: \_\_\_\_\_



*Instructions:* Complete and sign Section I and then have your pastor complete Sections II-IV. The pastor completing this form must have known the applicant and family for at least one year.

**SECTION I** – To be completed by the parents

Parents' Names \_\_\_\_\_

Applicant's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

*Waiver of right of access to confidential statement:* We, the undersigned, hereby voluntarily waive any right to inspect the content of the recommendation.

Father's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Mother's Signature: \_\_\_\_\_ Date \_\_\_\_\_

**SECTION II** -To be completed by the pastor (*please print legibly*)

The above family has applied for admission to Fellowship Christian Academy. As a condition of enrollment, the family must submit a recommendation from their pastor with information on the family and any children applying for admission. If you have more than one recommendation from any family you only need to complete Section II on the first recommendation form. Please return this completed form and a copy of your church's doctrinal positions to Fellowship Christian Academy at the address below.

1. How long have you known this family? \_\_\_\_\_
2. How well do you know this family?            Very well            Casually            By name only
3. Do both parents profess to be saved?            Yes            No
4. Do you see evidence to support their professions?            Yes            No
5. Are both parents church members?            Yes            No
6. What is the family's church attendance pattern?            Attends Regularly            Attends Occasionally
7. Discuss the testimony of this family in the assembly and the community

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Discuss the role the parents play in the family's spiritual growth and development

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Any additional comments you would like to make

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



SECTION III - Applicant-specific information

1. Does this student profess to be saved?      Yes      No
2. Do you see evidence to support their profession?      Yes      No
3. Please indicate what activities and programs this student is involved in (i.e. youth group, AWANA, outreach ministries, etc.)

\_\_\_\_\_

\_\_\_\_\_

4. Have you observed any behavior or discipline problems with this student (if yes, explain)?      Yes      No

\_\_\_\_\_

\_\_\_\_\_

5. How is the student's testimony with their peers?      Positive      Negative      Neutral

6. Please use this space to make any other specific personal observations about the applicant

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SECTION IV - Recommendation

Based on my knowledge of the family and the applicant:

Highly recommend      Recommend      Recommend with reservation      Do not recommend

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (please print) \_\_\_\_\_

Church \_\_\_\_\_

Denomination/Affiliation \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Fellowship Christian Academy admission policy dictates that prospective students, their parents, and their pastor must consent and agree to provide the academy with information on regular church attendance, service in the church, and consistency in Christian walk and testimony for the entire family. This is accomplished by contacting the pastor on a periodic basis to discuss the above matters. In the event that this child is enrolled in Fellowship Christian Academy, will you agree to provide this information when contacted as necessary (if no, explain)?      Yes      No

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_