

# 2017-2018 FAITH CHRISTIAN SCHOOL

Student Full Name(s)	Sex	Date of Birth	Intended Grade
1			
2			
3			
4			

\*Applications are made to the governing authorities of Faith Christian School which will review each application to determine enrollment. The application is complete when the \$25 application fee, the family and student questionnaires, and the front of this form are completed and submitted. Please send or drop off completed forms with \$25 application fee to Faith Community Church, ATTN: Faith Christian School, N2541 Cty. Rd. K, Waupaca, WI 54981. Please make checks payable to Faith Community Church with Faith Christian School in the memo line.

## PARENT/GUARDIAN CONTACT INFORMATION

Student's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Father's/Guardian's name: \_\_\_\_\_ Best time to contact: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address if different from student: \_\_\_\_\_

Father's/Guardian's employer: \_\_\_\_\_ Email: \_\_\_\_\_

Father's/Guardian's spouse (if remarried) \_\_\_\_\_

Mother's/Guardian's name: \_\_\_\_\_ Best time to contact: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address if different from student: \_\_\_\_\_

Mother's/Guardian's employer: \_\_\_\_\_ Email: \_\_\_\_\_

Mother's/Guardian's spouse (if remarried): \_\_\_\_\_

Legal Custody: \_\_\_\_\_

Responsible party for payment of tuition and fees: \_\_\_\_\_

School district child resides in: \_\_\_\_\_ Distance from your home to FCS: \_\_\_\_\_

*NOTE: If child's parents are no longer married, attach copies of the legal custody & physical placement agreements.*

***In the event of an emergency and you cannot be reached, please list two emergency contacts below:***

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

**\*Faith Christian School admits students of any race, color, or national and ethnic origin to all rights, privileges, programs, and activities generally accorded or made available by the school.**

# ENROLLMENT CONTRACT

*If my child(ren) is/are accepted by Faith Christian School, I agree to pay the required tuition per the terms of this contract. The school's schedule of charges provides information about financial terms and obligations. Students are enrolled for the entire year and the parent or guardian is responsible for the annual tuition payment upon accepting enrollment. A non-refundable enrollment deposit must be paid upon the completion of this side of the contract and acceptance for enrollment in order to hold your child's place in his/her class. NOTE: When the student does not live with both parents, payment is required from one source and must be signed by that parent or guardian who is responsible.*

**PAYMENT OPTIONS: CHECK ONE, PLEASE.**

**INITIALS** \_\_\_\_\_

\_\_\_\_\_ **1 PAYMENT IN FULL DUE 8/1/17**

\_\_\_\_\_ **4 PAYMENTS: 8/1/17, 10/1/17, 12/1/17, 3/1/18**

\_\_\_\_\_ **2 PAYMENTS: 8/1/17 & 12/1/17**

\_\_\_\_\_ **10 PAYMENTS: DUE 1ST OF MONTH (8/1/17 TO 5/1/18 )**

The following policy will apply to tuition and fee payments. Payments not received by the 5th of the month will be charged a \$25 late payment fee. Payments and/or their late fees not received by the 30th of the month due will be considered delinquent. Two delinquent payments in a school year or a single delinquent payment or late fee that is 60 days past its due date will result in dismissal from the school. Grades and school records will be withheld on all late and delinquent accounts until all financial obligations are met. \_\_\_\_\_

I further expressly agree that Faith Christian School reserves the right to dismiss (expel) the student at any time for academic or disciplinary reasons, for lack of parental compliance of the rules, policies and regulations, or for nonpayment of tuition or fees. I also expressly agree that Faith Christian School shall have the right to dismiss the student at any time if the school, in its sole discretion, determines that the dismissal of the student by the school is in the best interest of the student or the school. I also understand that neither the dismissal by the school, nor absence or withdrawal by the parent of the student, shall diminish my obligation to pay all tuition and fees due the school as set forth above. \_\_\_\_\_

Applicants agree that their students will receive instruction in accordance with FCS's Statement of Faith and understand that the school will endeavor to be guided by a Christian worldview in all of its programs and activities. \_\_\_\_\_

My signature herein below evidences my agreement to abide by and be bound by the policies of Faith Christian School as stated in the Faith Christian School Parent-Student Handbook, which is hereby incorporated by reference in its entirety. \_\_\_\_\_

This instrument shall be interpreted in accordance with the laws of the State of Wisconsin. In the event I should have any disagreement with the school concerning this contract or any other matter, I agree to seek resolution of any such disagreement through arbitration (in accordance with rules of the American Arbitration Association) and not through judicial proceedings. \_\_\_\_\_

CHILD'S NAME *For office use only	TUITION PER CHILD *For office use only	OFFICE USE ONLY
		\$25 Fee: _____
		<b>Total Enrollment Deposit Paid/Unpaid</b>
		*\$250 Enrollment Deposit/ student (# of students _____)

**CONTRACTING SIGNATURE:**

*I certify that this application is correct. I understand my financial commitment and the dates payments are due, and I agree to faithfully meet my obligation to the school. I have carefully read the Faith Christian School Statement of Faith and understand that it constitutes the doctrinal beliefs of the school and its staff. I understand that the principles of the Statement of Faith will be purposefully and clearly taught to my child(ren). I have carefully read the educational philosophy, the Parent-Student Handbook, and insofar as it applies to parents, guardians, and students, I will adhere to it, support it, and expect my child(ren) to adhere to it.*

Signed Financially Responsible Parent(s)/Guardian(s): \_\_\_\_\_ Date: \_\_\_\_\_

# FAMILY QUESTIONNAIRE

PARENT/GUARDIAN NAME(S) \_\_\_\_\_

**Please partner together with us in advancing your child's education, by answering a few questions.**

1. Why would you like your children to attend FCS?
2. What important factors did you consider when choosing FCS?
3. What are you expecting your child to receive from attending FCS?
4. In what ways do you think the Bible should be incorporated into your child's education?
5. Do you follow/agree with all points of FCS's Statement of Faith (As stated in our handbook)? Do you have any conflicting beliefs?
6. Do you have any overall concerns pertaining to FCS, such as your child's educational growth, curriculum, etc.?
7. Optional: While volunteering is not expected for parents/guardians, how has God gifted you that you may be able to use to bless the ministry of FCS and/or your child's education? If you're interested in serving, how would you like to be involved?
8. Do you have any questions for FCS?
9. How did you hear about FCS?

# STUDENT QUESTIONNAIRE

CHILD'S NAME: \_\_\_\_\_

*(Fill out one questionnaire per student. Feel free to get your child's input.)*

1. How does your child learn the best? Please rank your child's learning styles to the best of your knowledge with 1 being the best, 2 second best, 3...etc.

- \_\_\_\_\_ Listening (i.e. hearing, being read to)
- \_\_\_\_\_ Watching (i.e. seeing something done, through multimedia)
- \_\_\_\_\_ Doing (i.e. trying something out hands-on for themselves)
- \_\_\_\_\_ Asking questions
- \_\_\_\_\_ Other \_\_\_\_\_

2. What are your child's greatest strengths? What are your child's greatest challenges?

3. Rank your goals for your child's personal growth. One (1) being the most important.

- \_\_\_ Academic
- \_\_\_ Spiritual
- \_\_\_ Social/Emotional
- \_\_\_ Other \_\_\_\_\_

4. What do you want to tell us about your child?

5. Are you aware of, concerned about, or has your child been evaluated for any of the following?

Please describe.

- Learning disabilities?
- Medical history?
- Behavioral/emotional/social issues?
- Allergies/diet?
- Other?

6. What are your expectations for your child?

**Thank you for taking the time to help us get to know your family and your child better!**