

Student Health Information:

Special needs of child: _____

Child's habits, fears, etc.: _____

List all identifying scars, birthmarks, skin discolorations: _____

Family Information:

Family Situation:

- Married
- Single parent
- Separated
- Divorced
- Adopted child If yes, what age? _____
- Deceased parent _____ Mother _____ Father

Pupil Lives With:

- Both parents Mher Stmother Stather
- Guardian Other (Please Specify) _____

Other Children in Household?

| Name | Age | Sex | Relationship to Child |
|-------|-------|-------|-----------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Other Adults in Household?

| Name | Relationship to Child |
|-------|-----------------------|
| _____ | _____ |
| _____ | _____ |

Language spoken in the home? _____

School History

1. List all schools previously attended:

| School | Full Address and Phone | Dates | Grade Level | School Type |
|--------|------------------------|-------|-------------|-------------|
| | | | | |
| | | | | |
| | | | | |

*** Please code each school 1, 2, 3, or 4 in "School Type" box:*

1 = Public; 2 = Private; 3 – Christian; 4 = Home School

2. Has your child ever been suspended? yes no Expelled? yes no

Asked to withdraw? yes no Had a referral? yes no

(If so, give full details on a separate sheet of paper, including principal's name, address, and phone number of the school.)

3. Has your child ever repeated a grade? yes no If so, what grade? _____

What year (date)? _____

4. Has your child ever been diagnosed with any type of learning difficulty or disability, ADD, or ADHD? yes no

If yes, please include a copy of any testing related to this area.

5. Does your child have and IEP or 504 plan? yes no

If yes, please attach a current copy.

6. Has your child ever been evaluated for any of the following?

visual problems (besides glasses/contacts)

hearing difficulties

behavioral or social concerns

gifted program

If you checked any of the above, please explain on a separate sheet of paper and attach any supporting documenting including any professional reports, findings, and/or summaries.

8. Why is your child withdrawing from his/her present school?

9. How did you hear about First Christian Academy? church friend

current parent/student website other

10. The two factors most influencing us to apply to FCA:

location academic reputation Christian philosophy

discipline

Father: Are you a Christian? _____

On what do you base your answer? _____

Mother: Are you a Christian? _____

On what do you base your answer? _____

Student Information

1. What are your child's strengths?

2. What are your child's areas of need?

Family and Student Characteristics

1. The home is the center of the spiritual growth and instruction for the child. Describe the various family and church activities you engage in to further develop your child spiritually.

Church you now attend _____ Are you a member? _____

Pastor _____

Do parents attend regularly? _____

Does the student attend regularly? _____

2. What are your expectations for your child's general behavior, and how are deviations from this behavior handled at home? Describe your child's response to authority.

3. Describe your child's self-concept as best you know it. Include strengths and areas where FCA may be of assistance.

4. Please provide any additional information about your child that will help the FCA Admissions Committee.

I verify that the information on my child's enrollment form is complete and accurate.

Signature of Custodial Parent or Legal Guardian

Date: ____/____/____



6800 Trouble Creek Road
 New Port Richey, Florida 34653
 (727) 943-7411 (727) 497-7891 Fax

Recommendation Form for Admissions Grades 1-8

| | |
|--|--|
| | |
|--|--|

Name of Applicant

Entrance Grade

The above named student is applying for admission to First Christian Academy. First Christian Academy serves students and their families who are seeking a biblically focused college preparatory education.

This form is required as part of the student's application packet and will become part of their permanent record.

I/we authorize First Christian Academy to contact schools and other sources to obtain information to support this application. I/We will not seek access to confidential recommendation and evaluation materials before or after the admission decision is made. I/We release every person and institution from any and all liability resulting from or pertaining to the furnishing of records, documents, professional opinions, and other information sent to First Christian Academy for purposes of a decision for or against acceptance to First Christian Academy.

| | |
|--|--|
| | |
|--|--|

Signature of Parent or Guardian

Date

This form should be completed by the student's current or most recent classroom teacher.

Please complete this form and mail or fax to:

First Christian Academy
 Attn: Admissions
 6800 Trouble Creek Road
 New Port Richey, Florida 34653
 Fax: 727-497-7891

Please indicate your rating for each area by circling the appropriate description.

| | | | | |
|--|-------------|-----------|------|------|
| Language Based Academics | Exceptional | Excellent | Good | Poor |
| Math Based Academics | Exceptional | Excellent | Good | Poor |
| Adherence to School Policies/Procedures | Exceptional | Excellent | Good | Poor |
| Classroom Conduct | Exceptional | Excellent | Good | Poor |
| Initiative | Exceptional | Excellent | Good | Poor |
| Socially Age-Appropriate | Exceptional | Excellent | Good | Poor |
| Care and Concern for Others | Exceptional | Excellent | Good | Poor |
| Developmental Readiness | Exceptional | Excellent | Good | Poor |
| Recommendation as a Student | Exceptional | Excellent | Good | Poor |
| Parent Support of Teacher and School | Exceptional | Excellent | Good | Poor |

Teacher Completing this Form: _____ Grade Taught to the Student: _____



6800 Trouble Creek Road
 New Port Richey, Florida 34653
 (727) 943-7411 (727) 943-7412 Fax

Pastor Recommendation Form

Recommendation Form for Admissions Grade 6-8

| | |
|--|--|
| | |
|--|--|

Name of Applicant

Entrance Grade

The above named student is applying for admission to First Christian Academy. First Christian Academy serves students and their families who are seeking a biblically focused college preparatory education.

This form is required as part of the student's application packet and will become part of their permanent record.

I/we authorize First Christian Academy to our pastor to obtain information to support this application. I/We will not seek access to confidential recommendation and evaluation materials before or after the admission decision is made. I/We release every person and institution from any and all liability resulting from or pertaining to the furnishing of records, documents, professional opinions, and other information sent to First Christian Academy for purposes of a decision for or against acceptance to First Christian Academy.

| | |
|--|--|
| | |
|--|--|

Signature of Parent or Guardian

Date

This form should be completed by the student's current or most recent pastor.

Please complete this form and mail or fax to:

First Christian Academy
 Attn: Admissions
 6800 Trouble Creek Road
 New Port Richey, Florida 34653
 Fax: 727-497-7891

As a Christ-Centered ministry, our school respects your impressions and opinions regarding this student and family. Your help in this matter is vital to us. Would you please answer the following inquiries as clearly and thoroughly as possible? The parent's signature above authorizes you to give us the requested information and indicates their understanding that all responses you give are confidential and will not be discussed and are the sole property of FCA. Please **mail this form directly to the school office or you may choose to fax it to 727-497-7891**. Please DO NOT return this form to the parent.

Pastor: _____ Church Name: _____

Relationships; please tell us your impressions of the student's relationships with:

| | Very Positive | Average | Poor | Unknown |
|----------------|---------------|---------|------|---------|
| Father | | | | |
| Mother | | | | |
| Siblings | | | | |
| Church Leasers | | | | |
| Friends/Peers | | | | |
| School Faculty | | | | |

Please put a check by each statement that accurately reflects your beliefs concerning this student and his or her family:

Student:

- | | |
|--|---|
| <input type="checkbox"/> professes to be a Christian | <input type="checkbox"/> shows interest in spiritual things |
| <input type="checkbox"/> is respectful towards authority | <input type="checkbox"/> is active in youth/family events |
| <input type="checkbox"/> is rebellious against authority | <input type="checkbox"/> is a good leader around peers |
| <input type="checkbox"/> is concerned for others | <input type="checkbox"/> has a good reputation at church |
| <input type="checkbox"/> is spiritually mature | <input type="checkbox"/> is serious about spiritual things |
| <input type="checkbox"/> witnesses to friends | <input type="checkbox"/> is humble in overall being |

Parents:

- are clearly good spiritual role models for their child(ren)
 it is unknown to you if they are good spiritual role models
 seem very interested and committed in their child's spiritual growth and development

How long have you known this student? ___years ___months

This family attends worship ___weekly ___seldom ___never

If you had a child the age of this student, would you allow your child to spend time with, or be influenced by this student? ___ yes ___ no

What do you consider to be this student's greatest spiritual characteristic?

Do you have any concerns about this student's moral life? ___yes ___no

If you were deciding, would you enroll this student in your school? ___yes ___no

Are there any issues you would prefer not to discuss in print, but would rather the principal contact you to discuss over the phone? ___yes ___no

If yes, please note your contact information: _____

Pastor Signature: _____ Date: _____

Thank you so much for your help in this recommendation process!