



# FAITH TRAINING CHRISTIAN ACADEMY

ADMINISTRATOR/HIGH SCHOOL PRINCIPAL: **CINDY TEASLEY**

ELEMENTARY PRINCIPAL: **KIM REESE**



"Train up a child in the way he should go, and when he is old, he will not depart from it." Proverbs 22:6

## STUDENT APPLICATION

K4 through 6<sup>th</sup> grade

Please include the following with the completed application: \_\_\_\_\_

Date: \_\_\_\_\_

**\*\*Application process cannot be completed until all forms have been submitted. \*\***

1. Copy of birth certificate -K4 must be **four** years of age and K5 must be **five** years of age on or before **September 30<sup>th</sup>**.
2. Copy of Social Security Card
3. Immunization records (white Louisiana shot card).
4. Copy of latest report card or official high school transcript (except for K4 and K5)
5. \$200 non-refundable registration fee.

**\*\*ALL ITEMS ARE DUE BEFORE STUDENT ATTENDS SCHOOL\*\***

GRADE ENROLLING: \_\_\_\_\_

SCHOOL YEAR: **AUGUST 20**\_\_\_\_\_

### SELECT ALL THAT APPLY

**Race:** \_\_\_ Am. Indian \_\_\_ Asian \_\_\_ Black \_\_\_ Pacific Islander \_\_\_ White

**Ethnicity:** \_\_\_ Hispanic \_\_\_ Non-Hispanic

**Gender:** \_\_\_ Male \_\_\_ Female

**Birthdate:** \_\_\_\_\_

Student's Legal Name: \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

Mailing Address: \_\_\_\_\_ City/State/Zip Code: \_\_\_\_\_

**\*\*At least one parent email is required\*\***

Father's Name: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email: \_\_\_\_\_ Employer: \_\_\_\_\_  
(Please list ranks, titles, etc.)

Mother's Name: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email: \_\_\_\_\_ Employer: \_\_\_\_\_  
(Please list ranks, titles, etc.)

**IF PARENTS ARE SEPARATED OR DIVORCED, WITH WHOM DOES THE CHILD LIVE?** \_\_\_\_\_

**\*\*If there is a change in marital status or a custody agreement, you must inform the school of the information change.**

**Local Emergency Contact** (if parent cannot be reached):

**\*\*DO NOT NAME FATHER OR MOTHER OR LEGAL GUARDIAN AS EMERGENCY CONTACT! \*\***

Name: \_\_\_\_\_ Relation to Student: \_\_\_\_\_

Phone#: \_\_\_\_\_ Alt.#: \_\_\_\_\_

\_\_\_\_\_ **I am aware of the school policy for medical emergencies. If an emergency arises, all attempts will be made to contact me. If I or my emergency contacts are unable to be reached and it is deemed a medical necessity, 911 will be contacted.**

Do you have other children enrolled at FTCA? (Please list)

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Do you have a home church? ( ) Name of Church \_\_\_\_\_

### **HOME PORTAL**

This is our online grading system. You will be able to log in to view grades/attendance information, as well as your child having access to assignments. Parents and students will have a user name and password assigned.

\*\*Do you want anyone else to have access? (Grandparents/Step-parents, etc.)

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

### **SCHOOL HISTORY**

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

School address: \_\_\_\_\_

Phone# \_\_\_\_\_ Fax# \_\_\_\_\_

Has your child ever been required to withdraw (involuntarily) from a school? \_\_\_\_\_

Has your child ever failed? \_\_\_\_\_

### **SPECIAL EDUCATION**

Has your child ever been recommended for or received the following:

Remedial Education? \_\_\_\_\_ When? \_\_\_\_\_

Resource Instruction? \_\_\_\_\_ When? \_\_\_\_\_

Has your child been diagnosed as having any of the following:

Attention Deficit Disorder? \_\_\_\_\_

Hyperactivity? \_\_\_\_\_

Specified Learning Disability? \_\_\_\_\_

**IF YOU ANSWERED "YES" TO ANY OF THE ABOVE, PLEASE SPECIFY THE DETAILS BELOW:**

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Please complete a school medication form for any medication taken during the school hours...this includes any over the counter medication (cough drops, Tylenol, Motrin, etc.). All medications taken at school MUST be in the original container. All prescribed medication must be in the child's name in the original container.

## Parent Designee

To provide a safe environment for each student we are asking for your assistance. Under the VISITOR section in our student handbook it states, "*Students may be released ONLY to parents or parent designee.*" Please complete this portion with the names of those adults to whom you have given permission for your child to be released.

### My child may be released to the following adults in my absence:

\*\*If this information changes, please inform the office\*\*

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

**NOTE:** Due to the academic nature of the program at Faith Training Christian Academy, it is recognized that some children may not be able to achieve the standards expected for them at that grade level. When, in the opinion of the administration, the student's educational, emotional, or physical needs cannot be met within the regular classroom, the student may not be able to complete the remainder of the year. Furthermore, the parent will not be permitted to re-register his/her child for the following school year.

### STATEMENT OF COMMITMENT

Because the education of children is a cooperative venture between parents and the school, I/we agree to abide by and uphold the policies and regulations of Faith Training Christian Academy as set forth by the administration in the student handbook. I also understand that it is my responsibility to make sure that all my child's records are up to date.

\_\_\_\_\_  
(Parent's Signature)

\_\_\_\_\_  
(Parent's Signature)

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### OFFICE USE ONLY:

ADMISSION DATE: \_\_\_\_\_  
 REG/RES FEE: \_\_\_\_\_  
 REPORT CARD: \_\_\_\_\_  
 BIRTH CERTIFICATE: \_\_\_\_\_

IMMUNIZATION REC.: \_\_\_\_\_  
 SOCIAL CARD: \_\_\_\_\_  
 STUDENT ID: \_\_\_\_\_  
 FAMILY ID: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ DATE: \_\_\_\_\_

## Statement of Cooperation and Policy Statement

- It is my understanding that the policy of the school is to make no refunds on the Application/Registration Fee.
- I give Faith Training Christian Academy permission for my child to take part in all school activities, including bus field trips, sports activities, and school-sponsored trips away from the school premises.
- I also believe that discipline is necessary for the welfare of each student, as well for the entire school.

I give permission for my child's teacher and/or other agent of the school to make and enforce classroom regulations in a manner consistent with Christian principles and discipline as set forth in the Scriptures. ● Should legal action, for any reason, be taken against Faith Training Christian Academy or any employee or agent thereof on my child's behalf, and the school or its agent not be found at fault, I agree to pay any attorney fees, court fees, damages, or other costs that Faith Training Christian Academy or its agent should incur to defend itself against such action.

- If I choose to use the school bus as a form of transportation for my child(ren), I fully understand that my child(ren) will be under the same disciplinary guidelines as in the Faith Training Christian Academy Handbook.
- This Statement of Cooperation will be in effect for as long as my child(ren) listed (or others to be enrolled) attend Faith Training Christian Academy, whether it be in the preschool, kindergarten, elementary, or junior-senior high.
- Faith Training Christian Academy admits students of any race, color, and national or ethnic origin.
- I understand that if payment has not been received by the 10<sup>th</sup> of the month, or, if no arrangements have been made with the Business Office, the student(s) affected will be dismissed. Also, no transcripts will be released if my account is not paid in full.

I, \_\_\_\_\_, have fully read and understand the policy for Faith Training Christian Academy as outlined in the handbook regarding parental responsibilities, school dress code, school honor code, school code of conduct, classroom standards of behavior, disciplinary actions, admission policy, attendance policy, financial policy, health policy, medication policy, security policy, sexual harassment policy, car pool procedure, late pick up procedure, school records, parent conferences, cancellation of school, grading scale, holidays, lunch and snacks, emergency procedures, homework policy, lost and found, automobiles, field trips, and music. I have also read and understand the online behavior guidelines and standards of conduct.

As a parent of a Faith Training Christian Academy student, I realize that I share the responsibility of ensuring that my student abides by the rules set forth in the above mentioned policies and guidelines. Therefore, I consent that my child(ren) and I will fully adhere to these procedures and guidelines.

Student's Name \_\_\_\_\_ Student's Signature \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_