



First Preparatory Christian Academy
 308 East Court Street
 Hinesville, GA 31313
 912-876-0441
 Mr. Gladwin Harper, Head of School



Application for Admissions for International Students

Applications for admissions are considered without regard to sex, race or national origin. Please submit the \$50.00 application fee when returning the application.

Student's Full Name _____
 Last _____ First _____ Middle _____ Nickname _____

Present Address _____

 City _____ Country _____

Applying for Grade _____ Gender _____ Age _____ Ethnicity _____

Date of Birth _____
 Birthplace _____
 Month Day Year _____ City _____ State _____

Social Security Number _____
 Home Phone Number _____

Student Resides with: _____ Both Parents _____ Mother _____ Father _____ Guardian _____ Other (please specify) _____
 Last school attended _____

 Grade _____

Street _____
 City _____ State _____ ZIP _____

Father:
 Name _____
 Employment (Occupation/Employer) If Army List Rank _____
 Work Phone # _____
 Cell Phone # _____

Mother:
 Name _____
 Employment (Occupation/Employer) If Army List Rank _____
 Work Phone # _____
 Cell Phone # _____

Home Address (If Different) _____
 Email Address _____

Home Address (If Different) _____
 Email Address _____

Briefly state your reasons for desiring your child to be a student at First Preparatory Christian Academy.

In what ways do you expect a Christian school to be different from other schools?

What church do you attend?

Does your family attend church regularly? Yes No

Pastor's Name

Please note areas of strengths/weaknesses you have observed in your child (behavioral, academic, talents, etc.)

Has your child ever been recommended for:

Educational psychological testing? Yes No

Gifted? Yes No

Learning Disabled? Yes No

Behavior Disorder? Yes No

Has your child ever:

Had any serious discipline problems? Yes No

Been suspended or expelled from school? Yes No

Been brought before juvenile court? Yes No

If yes to any of the above, please explain:

Has the applicant ever repeated a grade? Yes No. Grade Repeated?

Reason for repeating:

Who/what is responsible for your interest in First Preparatory Christian Academy?

List two individuals (non-relatives) that may be contacted for references:

Name _____ Phone Number _____

Name _____ Phone Number _____

Why does the student want to attend FPCA? Please have students in grades 2-12 respond on a separate sheet of paper in their own handwriting.

Student Information Packet

Student's Name _____ Grade _____

EMERGENCY CONTACT INFORMATION

Please enter all emergency contacts for your student(s) **OTHER** than parents/guardians who were already listed on the application you previously filled out.

Name _____
Relationship _____ Cell # _____ Work # _____
Authorized for pick up: Yes No

Name _____
Relationship _____ Cell# _____ Work# _____
Authorized for pick up: Yes No

Name _____
Relationship _____ Cell# _____ Work# _____
Authorized for pick up: Yes No

Name _____
Relationship _____ Cell# _____ Work# _____
Authorized for pick up: Yes No

PICK UP INFORMATION

The following individuals (in addition to the above people) have permission to pick up my child from school:

_____	Name
_____	Phone #
_____	Name
_____	Phone #
_____	Name
_____	Phone #

MEDICAL INFORMATION

Doctor _____ Preferred Hospital: Winn ACH Liberty

Doctor's #: _____ Insurance Carrier _____

Allergies: _____

Medical Problems: _____

Medications: _____

FPCA is hereby authorized to provide medical treatment in the event of an emergency by injury or illness to:

(child's name) _____, and if it should be necessary, the school is further authorized to have said child taken to the preferred hospital listed above. I hold FPCA harmless for such medical treatment, and further agree to be responsible for all medical bills incurred in the treatment of my child at said hospital for all medical services provided.

TREATMENT BY MEDICATION

Please indicate what medication your child is permitted to receive from the office, without a physician's prescription. If there are other medications for your child (an inhaler etc.) please bring into the office and fill out the proper form.

My child age 2 to 6 years old may be given:

CHILDREN'S TYLENOL: Yes No

My child ages 6 to 12 years old may be given:

JUNIOR STRENGTH TYLENOL: Yes No

JUNIOR STRENGTH MOTRIN: Yes No

My child age 12 and above may be given:

ADULT ADVIL/BUPROFEN: Yes No

ADULT STRENGTH TYLENOL: Yes No

PHYSICAL EDUCATION PERMISSION

My child: _____

is in good health and has my permission to participate in the physical education program at FPCA without restrictions.

_____ following restrictions:
- has permission to participate in the physical education program at FPCA with the

MOVIE PERMISSION

Throughout the course of the year teachers may have the opportunity to show videos and or DVD's to enhance the learning experiences in the classroom. Some of these may have a PG or PG-13 rating. Please indicate below if your child has permission to view instructionally related videos or DVD's with a PG or PG-13 rating. Teachers at FPCA will make every effort to ensure that the films they choose do not have inappropriate or graphic material. (Please circle one below)

My child may watch instructional movies with a PG Rating Yes No

My child may watch instructional movies with a PG-13 Rating Yes No

PUBLICITY RELEASE PERMISSION

On occasion during the school year, pictures of students are taken by local media and others for publication. The school may also use student pictures and/or names on our webpage. May we have your permission to use the pictures of your child and his/her name in our publicity?

Yes/No

ACTIVITY PERMISSION

I agree to allow _____ to participate in all school activities including school sponsored trips away from the school premises, and as consideration for the benefits derived, I absolve the school and its representatives and agents from liability to me or my child because of injury to my child at school or during any school activity. I further authorize the school to secure necessary emergency medical attention for my child in the event of any injury at school or on a school sponsored trip away from school. I understand all charges for such treatments are my responsibility to pay. I will take full responsibility for my child's behavior and will stand behind any disciplinary action taken by the school. I understand that I will be notified prior to any such event away from school. I further understand that it is my responsibility to provide a car seat if my child is required by law to ride in one.

Parent/Legal Guardian's Signature _____
Relationship to Student _____
Date _____

2024-2025 Registration Fees

The registration fee is paid annually for each student and is non-refundable. The registration fee includes, but is not limited to, items such as books and consumable materials. The registration fee also ensures your child's placement for the 2024-2025 school year. It should be noted that the fee is not for purchasing the above items but rather for helping defray the cost; if a student withdraws, these materials remain the property of FPCA.

All fees and tuition are due at the time of enrollment.

Grade Level	Tuition (International)	Registration	Facility	PTO Per Family	Total
1st – 5 th	\$17,500	\$500.00	\$500.00	\$100.00	\$18,600
6 th -8 th	\$17,500	\$500.00	\$500.00	\$100.00	\$18,600
9 th -12 th	\$17,500	\$500.00	\$500.00	\$100.00	\$18,600

The enrollment application process, financial contract and all fees must be paid before an I-20 Form is issued and enrollment verified.

First Preparatory Christian Academy admits students regardless of race, color, socioeconomic factors, national or ethnic origin. FPCA does not discriminate on the basis of race, color, socioeconomic factors, national or ethnic origin in the administration of its educational policies, athletic and other school administered programs. FPCA reserves the right to refuse admittance to any family it believes may cause disruption to the community spirit that exists among the families currently involved in the school.

