

# 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 #

Home Address (If Different) Email Address

Mother: \_\_\_\_\_

Name Employment (Occupation/Employer) If Army List Rank

Work Phone # Cell Phone #

Home Address (If Different) Email Address

**OFFICE USE ONLY:**

Date: \_\_\_\_\_ App Fee Rec'd \_\_\_\_\_ Accepted \_\_\_\_\_ Rejected \_\_\_\_\_

Probation \_\_\_\_\_ Gifted Testing \_\_\_\_\_ Letter Sent \_\_\_\_\_

Interviewed by: \_\_\_\_\_ Date: \_\_\_\_\_ Reg Form & Fee Rec'd \_\_\_\_\_

Amount \_\_\_\_\_ Imm \_\_\_\_\_ EED \_\_\_\_\_ Birth Cert. \_\_\_\_\_ SS Card \_\_\_\_\_



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Briefly state your reasons for desiring your child to be a student at First Presbyterian 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 \_\_\_\_\_

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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 \_\_\_\_\_

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Who/what is responsible for your interest in First Presbyterian Christian Academy? \_\_\_\_\_

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

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

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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 # \_\_\_\_\_

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   | <b>CHILDREN'S TYLENOL:</b>      | <input type="radio"/> Yes | <input type="radio"/> No |
| My child ages 6 to 12 years old may be given | <b>JUNIOR STRENGTH TYLENOL:</b> | <input type="radio"/> Yes | <input type="radio"/> No |
|  | <b>JUNIOR STRENGTH MOTRIN:</b>  | <input type="radio"/> Yes | <input type="radio"/> No |
| My child age 12 and above may be given       | <b>ADULT ADVIL/IBUPROFEN:</b>   | <input type="radio"/> Yes | <input type="radio"/> No |
|  | <b>ADULT STRENGTH TYLENOL:</b>  | <input type="radio"/> Yes | <input type="radio"/> 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.**
- has permission to participate in the physical education program at FPCA **with the following restrictions:**  
\_\_\_\_\_

**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.

- |                           |                          |   |
|---------------------------|--------------------------|---|
| <input type="radio"/> Yes | <input type="radio"/> No | My child may watch instructional movies with a PG Rating    |
| <input type="radio"/> Yes | <input type="radio"/> No | My child may watch instructional movies with a PG-13 Rating |

**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

# 2017-2018 Fee Sheet for International Students

## 2017-2018 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, achievement testing, and consumable materials. The registration fee also ensures your child's placement for the 2017-2018 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.

Grade Level	2017-2018 Registration
1st – 5 <sup>th</sup> Grade	\$519.00
6 <sup>th</sup> -8 <sup>th</sup> Grade	\$588.00
9 <sup>th</sup> -12 <sup>th</sup> Grade	\$607.00

## Registration Fee Schedule

The enrollment application, the financial contract, and the full payment of the registration and sustainment fee must be turned in and paid before an I-20 Form is issued and for your child's enrollment to be verified for the 2017-2018 school year.

## 2017-2018 Tuition

**Due in One Lump Sum or first half due upon enrollment and second half due December 1<sup>st</sup>**

	Yearly	2 Payments
1st – 5 <sup>th</sup> Grade	\$13,604.00	\$6,802.00
6 <sup>th</sup> – 8 <sup>th</sup> Grade	\$13,903.00	\$6,952.00
9 <sup>th</sup> – 12 Grade	\$14,077.00	\$7,039.00

## 2017-2018 Annual Sustaining Fee

\$475 fee per family

## Annual Sustaining Fee

The Annual Sustaining Fee is due in accordance to your selection on the financial contract.

### **Multi - Student Discount**

Discounts are allowed on tuition for families with three or more children enrolled at FPCA. Families enrolling three or more children receive a 25% discount after paying the full tuition for the **two** oldest children. The discount will apply to the youngest child(ren) enrolled at FPCA.

### **Withdrawal Policy**

It is inferred, upon enrollment, that a family is choosing to enroll their student for the entire year and FPCA budgets are set accordingly. If you withdraw your child before the end of the year, **a 30 day advanced written notice is required. The remaining month's tuition following the student's last day of school, plus the next two months' tuition will be assessed as a withdrawal fee.** Report cards and/or transcripts are released to parents or other schools only when the student's account is paid up to date. There is a military clause in the financial contract. Accounts of withdrawn students must be brought current. Accounts left outstanding will be turned over to a collection agency.

### **Past Due Accounts**

Tuition is delinquent after the 1<sup>st</sup> of August. A \$50.00 late fee charge will be added to all delinquent accounts. Students with delinquent accounts will not be allowed to continue attending FPCA. Any students withdrawn from FPCA due to delinquent accounts must still bring their account current. Accounts left outstanding will be turned over to a collection agency. \*Any student withdrawn from FPCA due to delinquent account status is still considered a "withdrawn" student and will fall under the withdrawal policy obligations.

*First Presbyterian 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 facts, 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.*