

Student Application

School Year: 2021-2022

December 9, 2020

Dear Parent/Guardian:

Time has flown by this school year. To some, particularly in light of the events of this year, that may be good news. We pray daily for your families and trust for provision for your families through this season. We are so grateful you are a part of our FACS family.

We are wanting to get a head start and are diligently working to be able to begin registration for 2021-2022 school year January 4, 2021. The first 2 weeks, January 4-15, 2021, will be registration for our families that are currently enrolled. On January 18, we will open registration to new families. I want to encourage you to turn in your paperwork, completely filled out, promptly, as we already have a waiting list. Do not delay!

Due to changes in our economy, there is a change in tuition for both school and preschool. The school tuition will be increased by \$200.00 per year, per student. The preschool will be increased by \$10.00 per week. These changes are for the 2021-2022 school year and will begin July 1, 2021.

Thank you for your support! We look forward to serving you next school year.

Sincerely,

Earlene Carte

FACS Principal

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School Initial Fees

Tuition

Registration:	\$ 100.00	<i>Grade</i>	<i>Annually</i>	<i>Monthly*</i>
Student Insurance:	\$ 20.00	K5 - 4th	\$5,500.00	\$550.00
Computer Lab:	\$ 80.00	5th - 8th	\$5,600.00	\$560.00
Sports/PE:	\$ 50.00	9th - 12th	\$5,700.00	\$570.00
Testing:	\$ 20.00	*10 equal monthly payments to start August 1st.		
Uniforms:	\$ 80.00			
Curriculum:	\$ 300.00			
TOTAL: \$ 650.00				

Details

- **Registration fees are non-refundable.**
- **Curriculum fees are due by July 1st.**
- Tuition is paid in advance. Monthly payments are due by the 10th of each month.
- Payments received after this date are subject to a late charge of \$10.00, which will be added to the account balance. Accounts more than two months past due will result in withdrawal of student and assignment of new student from waiting list to class.
- **In the event of withdrawal/expulsion, a one-month tuition payment penalty is due.**
- **Kindergarten and 7th grade - Current Immunization.**

Tuition Discounts

- 5% tuition discount if the account is paid in full on / before August 1st.
- 2% tuition discount if ½ tuition is paid on August 1st and balance on / before January 2nd.

Team Sports

- Uniform fee and physical must be paid **prior** to participation in the sport.
- Any remaining expenses must be covered through fund-raising / payments.

Other

- Speech class - \$45.00 / session
- Remedial Reading - \$45.00 / session

Payment Methods

- Cash
- Check
- Visa / Mastercard, Discover

First Assembly Christian School does not discriminate on the basis of race, sex, national or ethnic origin, and disabilities.

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Preschool Initial Fees

Tuition

Registration:	\$ 75.00	<u>Class</u>	<u>Rate</u>	<u>Term</u>
Student Insurance:	\$ 10.00	Infants	\$180.00	Weekly
Curriculum:	*\$ 75.00	1 Year Old	\$160.00	
		Weekly		
*(K2 & K3 Only)		2 Year Old	\$155.00	
		Weekly		
Late Charges		3 Year Old (preschool only)	\$125.00	Weekly
• \$1.00 for every minute		3 Year Old (full day)	\$150.00	Weekly
○ Past 6:00 pm		4 Year Old (regular program)	\$145.00	Weekly
○ Past 12:00 pm *		VPK (must be 4 by September 1st)	FREE	Weekly
*(K3 & K4 Preschool Program)		Wrap-Around (K5-12th grade)	\$ 15.00	Daily
		Wrap-Around (VPK-12th grade)	\$ 60.00	Weekly
		Summer, Christmas, Spring Break	\$120.00	Weekly

Details

The following items MUST accompany enrollment forms:

- All fees included first week's payment
- Birth Certificate and Social Security Card
- Physical Examination (within the last year)
- Current Immunization Record
- Enrollment Form
- Emergency Medical Treatment Form
- Financial Agreement Form
- Both Child Care Food Program Forms
- A Copy of the Parent's Driver's License

Hours

- Daycare: Monday - Friday, 6:30 am - 6:00 pm
- Preschool / VPK: Monday - Friday, 8:15 am - 11:45 am

Payment Methods

- Cash
- Check
- Visa / Mastercard, Discover

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Date of Application: ____/____/20____

Please complete the application for enrollment into First Assembly Christian School (FACS) entirely for it to be accepted.

Student Information

1) Name	DOB	Social Security # - -	Sex
Last School Attended with Address		Grade being enrolled in	
2) Name	DOB	Social Security # - -	Sex
Last School Attended with Address		Grade being enrolled in	
3) Name	DOB	Social Security # - -	Sex
Last School Attended with Address		Grade being enrolled in	
4) Name	DOB	Social Security # - -	Sex
Last School Attended with Address		Grade being enrolled in	

Family Information

Father's Full Name	Cell Phone #	Work Phone #	Email (required to see student grades)
Address City, State, Zip		Employer & Address	
Mother's Full Name	Cell Phone #	Work Phone #	Email (required to see student grades)
Address City, State, Zip		Employer & Address	

Parents living in the home Mother Father

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Emergency Contacts allowed to pick-up (other than parents listed)

Contact 1: LEGAL NAME	Phone #	Full Street Address
Contact 2: LEGAL NAME	Phone #	Full Street Address
Contact 3: LEGAL NAME	Phone #	Full Street Address
Contact 4: LEGAL NAME	Phone #	Full Street Address
Contact 5: LEGAL NAME	Phone #	Full Street Address
Contact 6: LEGAL NAME	Phone #	Full Street Address
Contact 7: LEGAL NAME	Phone #	Full Street Address

Spiritual Information

Family Church Name	Pastor's Name	Church Phone
Is the child's father a Christian? YES NO	Does the child's father regularly attend church? YES NO	
Is the child's mother a Christian? YES NO	Does the child's mother regularly attend church? YES NO	

Health Information

Complete health information on the Florida HRS form 680 must be received as part of the application. A recent physical is also required for all kindergarten and all new students in the state of Florida. If you are a Florida resident, an original form from your doctor or a photo copy from school records is acceptable. If you are applying from another state, the school's registrar will advise you as to the required procedure. Note: ALL information is strictly confidential and will be shared with only those directly concerned.

Physician Name	Physician Phone #	Physician Address
Dentist Name	Dentist Phone #	Dentist Address
Does your child have any specific physical handicaps or medical problems? YES NO	If yes, please explain:	
Does your child take any prescribed medications for chronic medical conditions? YES NO	If yes, please explain:	
If you have any other information which may assist the education of your child at FACS, please indicate.		

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Behavioral Issues

<p>Has your child had any serious discipline problems or been expelled/suspended from school or daycare/preschool?</p> <p>YES NO</p>	<p>If yes, please explain.</p>
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Emergency Treatment Authorization

This form authorizes emergency treatment for my child(ren) in the event a parent/guardian cannot be located to give permission for treatment.

<p>Hospital preference:</p>			
<p>Child's Name</p>	<p>Age</p>	<p>Child's Name</p>	<p>Age</p>
<p>Child's Name</p>	<p>Age</p>	<p>Child's Name</p>	<p>Age</p>
<p>_____ Parent/Guardian's Printed Name</p> <p>_____/_____/20_____ Date</p>			
<p>Insurance Company:</p>		<p>Policy #:</p>	
<p>Emergency Plan Instructions</p>			

All medications MUST have a form filled out at the beginning of the school year for us to be able to give medication. Medication MUST also have a pharmaceutical label.

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Tuition / Fee Information

<i>Number of students</i>		<i>Grades</i>		<i>Approved Scholarship</i>
<i>Total Tuition</i>	<i>Total Registration</i>	<i>Total Curriculum</i>	<i>Total Other Fees</i>	<i>Grand Total</i>
<i>Total Tuition</i>	<i>Total Registration</i>	<i>Total Curriculum</i>	<i>Total Other Fees</i>	<i>Grand Total</i>

Balance Information

<i>Total Due</i>	<i># Payments Due</i>	<i>Payment Amount</i>	<i>Beginning Date</i>	<i>Ending Date</i>
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Contractual Agreement

I hereby make an application for my child(ren) to attend First Assembly Christian School (FACS). I affirm that I will prayerfully support the administration and faculty by upholding the policies and procedures of the school. If I am in disagreement, I will follow the scriptural principle of going first to the teacher and then to the administrator with the disagreement. Scholarships are available but may not cover all fees. I agree to make payments in accordance with the approved "Tuition and Fee Schedule" and to pay an additional one month's tuition in the event of withdrawal or expulsion from the school. I give my permission for my child(ren) to attend any school-sponsored field trips and activities away from the school. I give permission for my child(ren) to be photographed and the photographs to be used on bulletin boards, in the yearbook, in magazines and on the school website. I understand, if for any reason I am unable to carry out any part of this agreement, I may be asked to withdraw my child(ren) from the school and I will do so on request.

Your Signature below indicates that you have received the above items and that the information on this enrollment form is complete and accurate. I hereby grant permission for the staff of this facility to have access to my child's records.

<i>I have a copy of the Family Handbook, and I will read the information therein. YES NO</i>	
_____ Parent/Guardian's Signature	____/____/20____ Date
_____ School Signature	____/____/20____ Date

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FOR NEW STUDENTS ONLY

Student Reference Form

Student Name	Grade Entering
Referring Individual / Institution Name	

Permission from Parent or Legal Guardian

I give authorization to the above individual or institution to give any and all information regarding my child's school performance and any other pertinent information that may or may not be on record. I release the named individual or institution from all liability for any damage that may occur from proving such information to First Assembly Christian School.

_____ Parent/Guardian's Signature	____/____/20____ Date
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The student named above is an applicant for admission to First Assembly Christian School. At FACS, we believe that a child must be trained to effectively speak, write, and read for knowledge and understanding, and to gain knowledge and a sense of appreciation in the study of the various subject disciplines. This involves training a child to reach his/her highest potential in order that they may fully embrace their place in society and in the Kingdom of God. In order to carry out this high calling, they must fully be trained in spirit, mind, and body. To help us evaluate this child, we ask that you answer the following questions to the best of your ability. Only answer the questions that pertain to your area of expertise. We value your recommendation. Your comments will be confidential. Please mail this form back to First Assembly Christian School or fax it back at 352-351-5170.

To be completed by a current or former teacher(s).

Personal Qualities

Compared to other students of same age whom you have taught/observed, please rate the student in the following areas:

	Truly Outstanding	Excellent	Good	Average	Below Average	Poor	Not Known
Integrity							
Self-Discipline							
Reaction to Criticism							
Respect for Authority							
Leadership							
Respected by Peers							
Sense of Humor							
Christian Values							
Choice of Friends							
Creativity							

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Characteristics

From the list below choose 5 words that best describe the applicant(s). Please circle your choices.

Aggressive	Daydreamer	Healthy	Lazy	Sneaky	Ambitious	Disobedient
Humorous	Obedient	Trustworthy	Attentive	Energetic	Hyperactive	Perfectionist
Underachiever	Caring	Generous	Industrious	Prompt	Clown	Happy
Late	Rebellious	Other: _____	Other: _____			

Academic Work

Compared to other students of the same age whom you have taught/observed, please rate the student in the following areas.

	Truly Outstanding	Excellent	Good	Average	Below Average	Poor	Not Known
							
Reading Ability							
Reading Achievement							
Writing Ability							
Writing Achievement							
Mathematical Ability							
Mathematical Achievement							
Study Habits							
Overall Classroom Behavior							

How does this applicant rank in your class? _____ Top 10% _____ Top 25% _____ Top 50% _____ Bottom Half

Comments / Recommendations

Please share any comments that would be helpful to us in making a decision regarding this applicant:

Please choose from the options below as to how you would recommend this applicant for admission to FACS.

_____ With Enthusiasm _____ With Confidence _____ No Recommendation _____ With Reservation

Your Name	Address City, State, Zip	Phone #
Name of School	In what capacity have you known the student?	How long have you known the applicant?

_____ Parent/Guardian's Signature	____/____/20____ Date
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