



# Application for Student Admission

STATEMENT: Before beginning to complete this application form please read the FVCA Statement of Faith found in this application packet. Proceed with the application process only if you are in agreement with and willing to abide by these statements. Completion of this application does not ensure enrollment but provides information upon which a decision will be based. The registration/activity fee must accompany this application. The registration/activity fee is refundable only in the event the applicant is not accepted for admission. Fox Valley Christian Academy admits students of any race, color, and national or ethnic origin.

## Student Information

Student name: \_\_\_\_\_  
(Last) (First) (Middle)

Home address: \_\_\_\_\_  
(Street) (City) (Zip)

Grade for which admission is sought: \_\_\_\_\_ Birth date: \_\_\_\_\_ Sex:  Male  Female  
(Month / Day / Year)

Home phone: \_\_\_\_\_ Home e-mail: \_\_\_\_\_

Ethnic background:  African  Asian  Hispanic  Native  
 African American  Caucasian (White)  Native American  Other \_\_\_\_\_

Language spoken at home: \_\_\_\_\_

## Family Information

Child lives with:  Both parents  Father  Mother  Guardian  Other \_\_\_\_\_

Parents' marital status:  Married  Divorced  Separated  Mother deceased  Father deceased

Father/guardian name: \_\_\_\_\_ Mother/guardian name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Home phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ E-mail: \_\_\_\_\_

Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Business phone: \_\_\_\_\_ Business phone: \_\_\_\_\_

Separate mailings to each parent?  Yes  No

Please explain any factors in the student's home life that will help us have a better understanding of this student.

\_\_\_\_\_

## Siblings

Name

Birth date

School attending

<u>Name</u>	<u>Birth date</u>	<u>School attending</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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## Spiritual Information

Church home: \_\_\_\_\_

Are parents current members?     Yes     No

Parents' church attendance:

Mother             weekly     regularly     occasionally     none  
Father             weekly     regularly     occasionally     none

Student's church and/or Sunday School attendance:     weekly     regularly     occasionally     none

Describe the student's relationship with Jesus Christ. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is the father's belief about Jesus Christ? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

When and how did the father become a Christian? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is the mother's belief about Jesus Christ? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

When and how did the mother become a Christian? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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## Academic and Social Information

Name of school district in which student resides. \_\_\_\_\_

Please check factors that describe the student's previous experiences:

- Daycare: Number of years \_\_\_\_\_
- Preschool: Number of years \_\_\_\_\_
- Home School: Number of years \_\_\_\_\_ Grades attended \_\_\_\_\_
- Christian School: Number of years \_\_\_\_\_ Grades attended \_\_\_\_\_
- Public School: Number of years \_\_\_\_\_ Grades attended \_\_\_\_\_
- Private School: Number of years \_\_\_\_\_ Grades attended \_\_\_\_\_
- Special education program/IEP
- Gifted/talented program

Present (or last) school attended: \_\_\_\_\_

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip)

Has the student experienced problems in any of the following subject areas?

- Reading     Spelling     Math     Science     Social Studies     Language
- Other (Specify): \_\_\_\_\_     Not applicable (Preschool 4/Kindergarten)

Has this student ever repeated a grade?  No     Yes    If yes, what grade? \_\_\_\_\_     Not applicable (Preschool 4/Kindergarten)

Has the student ever been referred for a multi-disciplinary team evaluation?  Yes     No    If yes, please explain.

Does the student have any diagnosed learning disabilities or behavior disorders?  Yes     No    If yes, please explain.

Is the student on any medication for learning or behavioral concerns?  Yes     No    If yes, please list.

Please describe any behavioral/disciplinary problems the student has had in school. \_\_\_\_\_

Has this student ever been suspended or expelled?  Yes     No    If yes, explain. \_\_\_\_\_

**PLEASE ATTACH A COPY OF STUDENT'S REPORT CARD OR TRANSCRIPT.** It is understood that each student will be placed in the grade which best meets his/her individual needs. This is determined by placement testing (K-8), academic records, and teacher and administrator evaluation.



## Basis for Application

Please explain why you wish to have your child attend Fox Valley Christian Academy. \_\_\_\_\_

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## Session Preference (complete if applicable)

### Preschool 4/5

- Mondays, Wednesdays, Fridays (3 days/week) – 8:15-11:15 AM
- Mondays, Wednesdays, Fridays (3 days/week) – 12:15-3:15 PM
- Tuesdays, Thursdays (2 days/week) – 8:15 AM-12:15 PM

### Kindergarten

- Monday-Friday (half-day program) – 8:15-11:45 AM
- Monday-Friday (full-day program) – 8:15 AM-3:15 PM

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## Signatures

\_\_\_\_\_ (Father) \_\_\_\_\_ Date

\_\_\_\_\_ (Mother) \_\_\_\_\_ Date

\_\_\_\_\_ (Guardian) \_\_\_\_\_ Date

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## Attachments

- Copy of report card/transcripts showing one full year academic progress
- FVCA Parent Cooperation Agreement
- Registration/Activity Fee (non-refundable, due with application)

Preschool 4/5	\$100
Kindergarten – half-day	\$200
Kindergarten – full-day	\$300
Grades 1-8	\$300

## For Review

Please provide your child's birth certificate for us to view upon application. An FVCA office staff member will then initial in the space provided below and return the birth certificate to you.

- Birth certificate viewed by \_\_\_\_\_ (initials) on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_