

Faith Christian School  
Family application

# Faith Christian School

## ADMISSIONS OFFICE

122 Dante Street, Roseto, PA 18013  
Phone 610-588-3414; South Campus 610-588-8815; FAX 610-588-8103  
E-MAIL: [info@fcslions.org](mailto:info@fcslions.org); WEBSITE [www.fcslions.org](http://www.fcslions.org)  
School Code 394294

### FAMILY APPLICATION

**Please use black ink when completing this form**

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#### Head of Household

Date of Application: \_\_\_\_\_

Title:  Mr.  Mrs.  Dr.  Rev. Other \_\_\_\_\_ Name \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone Number \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

E Mail address \_\_\_\_\_ Church E Mail \_\_\_\_\_

Marital Status:  Married  Widowed  Separated  Divorced  Remarried  Single

Church you attend \_\_\_\_\_ Are you a member? Yes No (circle one)

Church Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Have you personally received Jesus Christ as your Savior and Lord? \_\_\_\_\_

Employer's Name \_\_\_\_\_ Occupation/Title \_\_\_\_\_

Business Address \_\_\_\_\_

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#### Spouse

Title:  Mr.  Mrs.  Dr.  Rev. Other \_\_\_\_\_ Name \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone Number \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

E Mail address \_\_\_\_\_ Church E Mail address \_\_\_\_\_

Marital Status:  Married  Widowed  Separated  Divorced  Remarried  Single

Church you attend \_\_\_\_\_ Are you a member? Yes No (circle one)

Church Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Have you personally received Jesus Christ as your Savior and Lord? \_\_\_\_\_

Employer's Name \_\_\_\_\_ Occupation/Title \_\_\_\_\_

Business Address \_\_\_\_\_

Names of all Children	Date of Birth	Date to be Entered	Grade Applied For
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

# Family Application

School District in which children reside (please check one):

Bangor	
Easton	
East Stroudsburg	
Nazareth	
Pen Argyl	
Pleasant Valley	
Pocono Mountain*	
Stroudsburg	
Other (please specify)	

\* Pocono Mountain School District does not provide bussing to FCS.

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Are you applying for the admission of all of your school-age children?  Yes  No If not, please state reasons:

Why do you want your children to attend Faith Christian School?

## Testimony

1. On a separate sheet of paper, please state in detail how and when you received Jesus Christ as your personal Savior and His meaning in your life. A written testimony is requested from both parents, this testimony will be forwarded to the FCS membership committee and is a requirement for membership in the school's Association. Your application is not complete without this.

2. Christian References (One should be a family with children enrolled in FCS, if possible).

1. \_\_\_\_\_  
(Name) (Address) (Phone)

2. \_\_\_\_\_  
(Name) (Address) (Phone)

## Parents Code

1. I will pray earnestly for Faith Christian School (FCS). I understand that our family is expected to worship weekly, have active fellowship, and be a member of a local evangelical church.
2. I will cooperate fully in the educational functions of FCS doing my best to make Christian education effective in the life of each of my children that he/she may love and serve the Lord Jesus Christ all of his/her life.
3. I will pay all of my financial obligations to FCS on or before the date due. If I am ever unable to pay on time, I will notify the Business Office in advance (a) giving a reasonable explanation for the delay, and (b) stating when the payment can be made.
4. I will support the policies and procedures of FCS as they are stated in the Student Handbook.
5. I will support the school through gifts in addition to my tuition payments and fees, as the Lord enables. (As God has prospered us, may we be faithful to Him.)
6. I will undertake volunteer duties for FCS as opportunities arise.
7. I will recommend FCS to other Christian families as opportunities arise.
8. I will attend meeting and parent functions of the school regularly, even though I may not be able to achieve perfect attendance.
9. If I become dissatisfied with the school in any respect, I will seek to resolve the matter with the person or persons involved rather than begin to spread criticism or hold a negative attitude in my heart.
10. I will seek the advancement of FCS in all areas – spiritually, academically, and physically.

### Statement of Parent or Guardian

In signing this application I (we) agree that:

1. I have read and agree with the Statement of Faith of the school and am willing to have my children educated in accordance with it.
2. It is my responsibility to strive diligently toward the observance of the Parents' code as God enables me by the power of the Holy Spirit.
3. The school reserves the right to place my child at the appropriate grade level.
4. The school reserves the right to use a photograph, video recording, and/or sound recording of my child in any present or future FCS promotional materials.
5. The school reserves the right to dismiss any student who does not cooperate with the educational process.
6. I understand that tuition does not cover the cost of operating the school and thus my participation is needed in financial help and prayer support in a mutual effort to train our children.

#### Signed:

Father \_\_\_\_\_

Mother \_\_\_\_\_

Guardian \_\_\_\_\_

Guardian \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

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### STUDENT APPLICATION

*Please use black ink when completing this form*

*To be completed by parents of the applicant*

Full Legal Name of Child \_\_\_\_\_

Nickname \_\_\_\_\_ Sex \_\_\_\_\_ Date of Application \_\_\_\_\_

Birth Date \_\_\_\_\_ Social Security # \_\_\_\_\_ Grade to be entered \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

School District in which child resides \_\_\_\_\_

Has your child repeated a grade? \_\_\_\_\_ Has your child been in gifted or accelerated classes? \_\_\_\_\_

If an above answer is yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Name and address of church where your child attends. \_\_\_\_\_

\_\_\_\_\_

Pastor's Name \_\_\_\_\_

List all previous schools attended:

Current School \_\_\_\_\_ Grade(s) \_\_\_\_\_ Year \_\_\_\_\_

Address of current school \_\_\_\_\_

\_\_\_\_\_

Prior School \_\_\_\_\_ Grade(s) \_\_\_\_\_ Year \_\_\_\_\_

Address of Prior School \_\_\_\_\_

\_\_\_\_\_

**If additional space is required; please list on a separate piece of paper.**

What is your child's attitude toward school and teachers? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How does your child respond to discipline? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your child have a history of a chronic physical condition, emotional condition, or a learning disability, which has required professional attention or which may require special attention at Faith Christian School?

Yes  No If yes, please explain and include copies of all reports: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

OVER

# STUDENT APPLICATION

Has your child ever been enrolled in a special class or received tutoring?

If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_

Has your child been tested for learning differences and/or received modified instruction (Copies of ER and IEP's are required)?

If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_

Does your child wear corrective lenses? Yes No (circle one)

Has your child had a history of ear infections or hearing difficulty? Yes No (circle one)

If yes please explain \_\_\_\_\_  
 \_\_\_\_\_

Check if school personnel have reported any of the following about your child, or if you have observed these characteristics at home:

CHARACTERISTIC	PAST PERSONNEL	PRESENT PERSONNEL	AT HOME
Distractible			
Inattentive			
Disturbs other children			
Is often late in completing assignments			
Exhibits aggressive behavior			
Has difficulty following oral instructions			
Has difficulty following written instructions			
Has difficulty with oral expression			
Has difficulty with written expression			

Did a Faith Christian School family specifically recommend and encourage your family to register at Faith Christian School? Yes No. (circle one)

If yes, please indicate the name of this family so we can express our appreciation to that family.

Name of family \_\_\_\_\_

I HAVE READ, UNDERSTOOD, AND AGREED WITH THE FOLLOWING:

1. FCS Philosophy of Education \_\_\_\_\_
2. FCS Goals and Objectives \_\_\_\_\_
3. FCS Statement of Faith \_\_\_\_\_

\_\_\_\_\_  
 Signature of Father or Guardian

\_\_\_\_\_  
 Signature of Mother or Guardian

**Non-discrimination policy:**

Faith Christian School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national, or ethnic origin administration of its educational policies, athletic and other school administered programs.

**REGISTRATION FEE  
 \$150.00 PER FAMILY AND  
 \$50.00 FOR EACH STUDENT IN YOUR FAMILY  
 NOT REFUNDABLE UNLESS STUDENT IS NOT ACCEPTED BY FCS  
 NOT APPLICABLE TOWARD TUITION**

For Office Use Only		
Test Fee _____	Family # _____	Student # _____