

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@fcsliions.org; WEBSITE www.fcsliions.org
School Code 394294

FAMILY APPLICATION

Please use black ink when completing this form

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 _____

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.

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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School Code 394294

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 # _____

Faith Christian School
Grade 7-12 application supplement



FAITH CHRISTIAN SCHOOL
122 Dante Street Roseto, PA 18013-1259
(610) 588-3414 FAX: (610) 588-8103

SEVENTH THROUGH TWELFTH GRADE STUDENT QUESTIONNAIRE

To be completed by student applicant in your own handwriting. If more space is needed, please use another sheet of paper, giving your name and the number of the question being answered.

Date _____

Name _____ Sex _____ Grade entering _____

1. How did you learn about Faith Christian School? _____

2. Do you yourself want to attend Faith Christian School? Yes No Why or why not?

3. Do you get your homework done at school or do you take it home with you every day? _____

What math classes are you taking or have taken for the grades 9-12? _____

What subject is hardest for you? _____ What subject is the easiest for you? _____

What was your average grade in school last year? _____

Have you ever been on the honor roll? Yes No

Have you ever failed a subject? Yes No What subject? _____

Have you ever been suspended or expelled from school? Yes No Why? _____

_____ Do you plan to go to college? Yes No

What occupation would you like to pursue as an adult? _____

4. If you are a Christian, how do you know? _____

_____ How long have you been one? _____

5. Do you go to church every Sunday? Yes No Where? _____

Do you go to Sunday School regularly? Yes No Does your church have a youth group? Yes No

Are you a member of the youth group? Yes No

Do you sing in a choir/worship team at church? Yes No

Do you play a musical instrument? Yes No What? _____

Have you ever helped plan or put on a program in your church? Yes No What? _____

6. What things do you like to do most in your free time? _____

7. Do you like sports? Yes No What games do you like best? _____

8. How often do you read a book? _____
What is the title of a book you have read recently? _____

9. What radio stations do you listen to? _____

10. How much time do you spend watching TV during the school year? _____
Numbers of hours daily? _____ Number of hours weekly? _____

11. How much time do you spend on the computer/Internet? _____

12. Do you have a job after school or on weekends? Yes No
What is it? _____ How many hours a week do you work? _____

13. How often do you go to the movies? _____
Name the last three movies you saw:
1. _____
2. _____
3. _____

14. Are most of your friends and associates Christians? Yes No
Are most of your friends your age? Yes No
Do you know any current students here at FCS? Yes No
Who? _____

15. Have you received any honors in school or outside of school?

16. Select three adjectives that friends might use to describe you
1. _____ 2. _____ 3. _____

17. Have you ever used tobacco? Yes No Drugs? Yes No Alcoholic Beverages? Yes No
If there is a "Yes" answer, please explain:

With my signature below, I certify that I have answered the above questions honestly and completely and have not held back information Faith Christian School should know about me.

Signature *Date*

Faith Christian School Teacher Reference forms

Please give the attached forms to two former teachers. Please have the former teachers return the completed forms to Faith Christian School in the enclosed Envelopes as soon as possible. **Your application is not complete without these forms.**

TEACHER REFERENCE

STUDENT

DATE

ENTERING GRADE

The above named student is making application to attend Faith Christian School. Please give us your confidential perspective on him/her.

Relationship with student:_____

1. How has this student performed academically, compared with:

His/her potential?

Previous classmates?

2. What is your perception of his/her respect for authority?

3. Do you recommend that we accept this student at FCS?

____YES ____NO ____With reservation. Please explain.____

Any additional comments?_____

Thank you for your time in completing this form. Please mail it directly to FCS in the enclosed envelope.

Printed Name

Signature

TEACHER REFERENCE

STUDENT

DATE

ENTERING GRADE

The above named student is making application to attend Faith Christian School. Please give us your confidential perspective on him/her.

Relationship with student:_____

1. How has this student performed academically, compared with:

His/her potential?

Previous classmates?

2. What is your perception of his/her respect for authority?

3. Do you recommend that we accept this student at FCS?

____YES ____NO ____With reservation. Please explain.____

Any additional comments?_____

Thank you for your time in completing this form. Please mail it directly to FCS in the enclosed envelope.

Printed Name

Signature