

FAMILY APPLICATION

**Faith Christian School
ADMISSIONS OFFICE**

122 Dante Street, Roseto, PA 18013
 Admissions Office 610-588-3414; Finance Office 610-588-8815; FAX: 610-588-8103
 E-MAIL: info@fcslions.org; WEBSITE www.fcslions.org
 School Code 394294

Please use black ink when completing this form Date of Application: _____

 Student's legal Parent/ Guardian 1 _____ Head of household? YES NO

Home Address _____ City _____ State _____ Zip _____

E Mail _____ Work Phone _____ Cell Phone _____

Church you attend _____ Are you a member? YES NO

Church Address _____ City _____ State _____ Zip _____

Church E Mail _____

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

Employer's Name _____ Occupation/Title _____

 Student's legal Parent/ Guardian 2 _____ Head of household? YES NO

Address, if different from Parent/ Guardian 1 _____ City _____ State _____ Zip _____

E Mail _____ Work Phone _____ Cell Phone _____

Church you attend _____ Are you a member? YES NO

Church Address _____ City _____ State _____ Zip _____

Church E Mail address _____

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

Employer's Name _____ Occupation/Title _____

Please check box that describes the relationship of Parent/Guardian 1 to Parent/Guardian 2:

Married to each other	<input type="checkbox"/>	Divorced	<input type="checkbox"/>
Never married	<input type="checkbox"/>	Widowed/ Widowered	<input type="checkbox"/>
Separated	<input type="checkbox"/>		<input type="checkbox"/>

If divorced or widowed/widowered, is there a step-parent? NAME _____

If Parent 1 and Parent 2 do not reside together, with whom does the student reside? _____

Names of all Child(ren)	Date of Birth	Date to be Entered	Grade Applied For
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

School District in which child(ren) reside (please check one):

<input type="checkbox"/> Bangor	<input type="checkbox"/>	<input type="checkbox"/> Pen Argyl	<input type="checkbox"/>
<input type="checkbox"/> Easton	<input type="checkbox"/>	<input type="checkbox"/> Pleasant Valley	<input type="checkbox"/>
<input type="checkbox"/> East Stroudsburg	<input type="checkbox"/>	<input type="checkbox"/> Pocono Mountain (bussing not available)	<input type="checkbox"/>
<input type="checkbox"/> Nazareth	<input type="checkbox"/>	<input type="checkbox"/> Stroudsburg	<input type="checkbox"/>
<input type="checkbox"/> Pen Argyl	<input type="checkbox"/>	<input type="checkbox"/> Other (please specify)	<input type="checkbox"/>

FAMILY APPLICATION

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

➤ **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.**

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 Faith

1. We believe the Bible, Old and New Testaments, to be inspired by the Holy Spirit, the only infallible, authoritative Word of God.
2. We believe in One God, Creator of all things, eternally existent in three persons, Father, Son and Holy Spirit.
3. We believe in both the humanity and deity of our Lord Jesus Christ, in His virgin birth, in His sinless life, in His miracles, in His vicarious and atoning death through His shed blood, in His bodily resurrection, and in His ascension to the right hand of the Father, and in His continued intercession for all believers.
4. We believe that for salvation of lost and sinful man, it is absolutely essential to receive by faith the Lord Jesus Christ, thus regenerated by the Holy Spirit, man becomes a Child of God.
5. We believe in the continuing ministry of the Holy Spirit, who convicts men of sin; and by indwelling the Christian, guides, instructs and empowers him/her for godly living and faithful service.
6. We believe in the spiritual unity of all believers in our Lord Jesus Christ, who is the Head of the body, the church.
7. We believe in the personal and imminent return of the Lord Jesus Christ to receive His bride, the church.
8. We believe in the resurrection of both the saved and the lost, the saved to eternal life with Christ and the lost to eternal damnation.

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:

Parent/ Guardian 1 _____

Parent/ Guardian 2 _____

Date _____

Date _____

STUDENT APPLICATION

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**Please use black ink when completing this form
To be completed by parents of the applicant**

Date of Application _____

Full Legal Name of Student _____ Nickname _____

Please check one: MALE FEMALE Date of Birth _____ Grade entering _____

Address _____

_____ Zip _____ Phone _____

School District in which student resides _____

Has student repeated a grade? _____ Has student been in gifted or accelerated classes? _____

If an above answer is yes, please explain: _____

Name and address of church where student 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 student's attitude toward school and teachers? _____

How does student 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 student ever been enrolled in a special class or received tutoring?

If yes, please explain: _____

Has student been tested for learning differences and/or received modified instruction (Copies of ER and IEP's are required)? If yes, please explain: _____

Does student wear corrective lenses? **YES NO** (circle one)

Has student 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 student, 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 _____

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 # _____