



Pre - Kindergarten ADMISSIONS CHECKLIST 2008 – 2009 SCHOOL YEAR

*The following steps are necessary in order to complete the Admission process.
Please keep this for your record of the application.*

- Complete enrollment application.
- Attach a check made out to FCS for the \$200 new student registration fee. (not to exceed \$400 per family)
- Include a copy of the student's birth certificate.
- Include a copy of the student's current Immunization Record.
- Pre-Kindergarten Student Confidential Evaluation
- Pastor Reference Form
- Demographic Survey
- Medical Form
- Statement of Cooperation – Parents
- Review the Student Handbook online at www.fayettevillechristian.com (or request a copy from the office) to understand established school policies and procedures.

After completion of these requirements, an interview will be scheduled with the Administrator.

It is the mission of Fayetteville Christian School to train students to think, live, and lead as Christians based upon a Biblical worldview.



"An Independent Christian School Ministry Serving the Cape Fear Region"
 1422 Ireland Dr • Fayetteville, NC 28304 • (910) 483-3905 Office • (910) 483-6966 Fax • www.fayettevillechristian.com

ENROLLMENT APPLICATION 2008/2009 School Year

GENERAL INFORMATION	
Payment Plan: ___ Full Payment ___ 10 Month (via FACTS Mgt) Aftercare: ___ Yes Application Type: ___ Sibling ___ New Student ___ Staff (Full Time ___ Part Time ___)	OFFICE USE ONLY
Gender: ___ Male ___ Female Applying for Grade: _____	Registration Date: _____ Interview: _____ Date: _____ Time: _____ Ck \$ _____ Ck# _____

() I do not give permission for information to be printed in the school directory. Our school directory is used for school purposes only. If you choose not to include your information, your family will not be issued a school directory.

Last Name: _____ First: _____

Middle: _____ Preferred Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ - _____ Guardian E-Mail Address: _____

Birth: ___ mo. ___ day ___ yr. Student's SS Number _____ - _____ - _____

School last attended: _____

Preschool/Daycare: _____ Days a week attended: _____

PARENT/GUARDIAN AND FAMILY INFORMATION

<input type="checkbox"/> Father <input type="checkbox"/> Step-Father <input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Mother <input type="checkbox"/> Step-Mother <input type="checkbox"/> Legal Guardian
Last name First (goes by) MI Title(Mr./Dr./Rev.)	Last name First (goes by) MI Title(Mrs./Ms./Dr.)
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Phone: Home _____ Work _____	Phone: Home _____ Work _____
Cell _____	Cell _____
Employer _____	Employer _____
Position _____	Position _____
Lives with student (Y/N) ___ Receives Mail (Y/N) ___ Receives Bill (Y/N) ___	Lives with student (Y/N) ___ Receives Mail (Y/N) ___ Receives Bill (Y/N) ___

If parents are separated or divorced, who has legal custody? _____ In the event of sole primary custody, the school requires copies of the custodial legal documents to be provided to the Admissions Office at the time of re-enrollment.

Ethnicity () African American () American Indian () Asian () Caucasian () Hispanic () Other () Pacific Islander

GRANDPARENT INFORMATION

Paternal Grandparents

Maternal Grandparents

Grandparent(s): _____

Grandparent(s): _____

Address: _____

Address: _____

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

E-Mail Address: _____

E-Mail Address: _____

STATEMENT OF FAITH

Church currently attending: _____

Parent's Statement of Christian Faith:

Have you accepted Christ as your Savior and do you live your life according to Biblical standards?

DAD-- Yes No Unsure (please circle one)

MOM-- Yes No Unsure (please circle one)

STUDENT-- Yes No Unsure—(please circle one)

How often does each member attend? Regular (3-4 Sundays per month) Occasionally (once or twice per month) Rarely (4 times per year)

Father: Regular Occasionally Rarely **Mother:** Regular Occasionally Rarely

Student: Regular Occasionally Rarely

Why would you like your child(ren) to attend Fayetteville Christian School? _____

FAMILY INFORMATION

List names, ages, grade, and schools attending (including preschoolers) of all school-aged children in your family:

1. _____ Age: _____ Grade: _____ School: _____

2. _____ Age: _____ Grade: _____ School: _____

3. _____ Age: _____ Grade: _____ School: _____

4. _____ Age: _____ Grade: _____ School: _____

EMERGENCY MEDICAL INFORMATION

Name of local contacts if parents are unavailable:

Emergency Name _____ Relationship _____ Phone _____

Emergency Name _____ Relationship _____ Phone _____

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

THE NON-REFUNDABLE REGISTRATION FEE MUST BE SUBMITTED WITH THIS APPLICATION

MISSION STATEMENT

It is the mission of Fayetteville Christian School to train students to think, live, and lead as Christians based upon a Biblical worldview.

YES NO

___ ___ Do you understand and agree with the above Mission Statement of FCS?

___ ___ Will one parent attend Parent-Teacher Fellowships?

PARENT QUESTIONNAIRE & COMMITMENT

1. How did you hear about FCS? _____
2. Considering the goals for your student, why would you like your student(s) to attend FCS? _____
3. Has the student been referred to a resource teacher? If yes, please provide date and reasons for referral. _____
4. Has the student ever had modifications made in the classroom? _____
5. Has the student ever been administered psychological, behavioral, or academic testing to determine if he/she is gifted, has a learning disability, ADD, ADHD, behavioral, or emotional disorder? _____ *If yes, please provide dates, test results, evaluations, IEP reports, etc. This information is not routinely part of the cumulative folders and must be requested by the parent/guardian from the resource teacher or school counselor.* _____
6. Is the student presently taking any medication for medical or learning problems? _____ *If yes, please provide kind of medication, dosage and frequency. Please provide a copy of a medical evaluation, which must be within the last twelve months.* _____
7. Does your student have any health problems? _____
8. Pre-mature birth (Y/N): If yes, what was the term? _____
9. Does your student have normal or corrected vision? _____ Does your student have normal hearing? _____
10. Has your student ever been recommended for tutoring or remedial instruction? _____ *If yes, please provide dates and areas of remedial along with written evaluations.* _____
11. Has the student ever repeated a grade? _____ Which grade? _____ Please explain. _____
12. Has the student ever been suspended or dismissed from school? _____ Please explain. _____
13. Has your child had disciplinary difficulty in his/her previous school? _____
14. Is your child a ward of the court? _____ Has your child been under the jurisdiction of the court? _____
Has your child committed a felony? _____
15. Is there any additional information that FCS should be aware of when considering this student for enrollment? _____
16. What activities or responsibilities are you and student (s) involved in at your church? _____
17. Please describe prayer time and Bible study in your home. _____
18. Please give a brief statement summarizing your beliefs as it relates to:
Jesus Christ _____

The Bible _____

We certify that the above answers are true and are made with no reservations:

Father's Signature: _____ Date: _____

Mother's Signature: _____ Date: _____



CONFIDENTIAL STUDENT EVALUATION 2008/2009

Pre - Kindergarten



To the Preschool Teacher:

The student named below is a candidate for admission to FCS. We would appreciate your completing this form and returning it within one week to: FCS Admissions Office, 1422 Ireland Dr., Fayetteville, NC 28304 or Fax to (910) 483-6966.

Name of applicant _____

Please check all that apply to this student:

Academic Development

- Follows simple directions
Works will independently
Puts effort and neatness into work
Is developing good listening skills
Articulates sounds correctly
Recognizes color, letters and numbers appropriate for age level
Write first name
Takes care of materials
Uses time wisely
Shows interest in books and stories
Communicates with teacher
Communicates with peers

Social & Emotional Development

- Assists in clean-up
Is included in small group play
Is cooperative as a member of a group
Participates willingly in activities
Shows self-discipline
Responds favorably to correction
Is dependable
Accepts changes and disappointments
Respects authority
Refrains from unnecessary talking
Refrains from hitting, kicking, biting, etc.

Physical Development

- Age appropriate fine motor coordination (coloring, cutting, painting, etc.)
Age appropriate gross motor coordination (walking, running, jumping, etc.)

General Behavioral Characteristics

Please answer:

Y = usually S = sometimes N = hardly ever

- Sustains attention for appropriate amount of time
Can move on to new activities and stop old ones
Perseveres and follows through on tasks
Exhibits overall average or better ability
Accepts limits set by an adult
Appears mature for age
Exhibits overly active/restless behavior
Has inconsistent learning behavior
Is lethargic or withdrawn
Is forgetful
Has handicaps or problems that may require special services
Expresses anger in outbursts

Does this applicant take care of toileting needs independently? Yes ___ No ___

Has this applicant been asked to leave a preschool? Yes ___ No ___

What do you feel is the greatest strength of this applicant? _____

What do you feel is the greatest weakness of this applicant? _____

Would you recommend this applicant for admission to Kindergarten?

___ Strongly Recommend ___ Recommend ___ Recommend with reservation ___ Do not recommend for admission

Additional comments: Please feel free to provide any information you feel will guide us. Thank you for your time and cooperation.

Name of Teacher _____ Date _____

Position _____ Name of School _____

Address of School _____ City _____ Zip Code _____

I/We hereby authorize release of requested information to complete the admission process at FCS. I/We understand this becomes part of my student's application file.

Signature of parent/guardian _____ Date _____

Please return within one week to: FCS Admissions Office, 1422 Ireland Dr., Fayetteville, NC 28304 or Fax to (910) 988-1573



PASTOR REFERENCE FORM 2008/2009

To the Pastor:

The student named below is a candidate for admission to FCS. We would appreciate your completing this form and returning it within one week to: FCS Admissions Office, 1422 Ireland Dr, Fayetteville, NC 28304 or Fax to (910) 483-6966.

Name of applicant Candidate for grade

To be completed by any full-time Pastor on staff:

- 1. How long have you known the family?
2. Are you currently their pastor or associate pastor?
3. How would you evaluate the parents in the following areas:
a. Their church relationship, attendance, and loyalty
b. Their personal relationship to Jesus Christ
c. Their interest in having their child know and walk with the Lord
d. Do they command respect and obedience from their family?
4. To your knowledge, has this applicant accepted Jesus Christ as Savior?
5. What positive contribution would this applicant be likely to make at FCS?
6. In what areas do you feel we could possibly be most helpful to the child?
7. What are the first words that come to mind to describe this student?

I recommend this student: enthusiastically strongly fairly strongly with reservation

Additional Comments:

Pastor or Associate Pastor's Signature Date
Position Phone ()
Church
Address City State Zip

Please return within one week to:
FCS Admissions Office, 1422 Ireland Dr., Fayetteville, NC 28304, or Fax to (910) 483-6966



"An Independent Christian School Ministry Serving the Cape Fear Region"
 1422 Ireland Dr • Fayetteville, NC 28304 • (910) 483-3905 Office • (910) 483-6966 • www.fayettevillechristian.com

DEMOGRAPHIC SURVEY 2008/2009

The following information is required by the Association of Christian Schools International (ACSI) for accreditation purposes. Fayetteville Christian School has to compile this information and keep it on file. Please do not put your name on this form as this information is to remain **anonymous and confidential**. Please complete the following:

CHURCH AFFILIATION

- | | | | |
|---|-----------------------------------|--|------------------------------------|
| <input type="checkbox"/> Non-Denominational | <input type="checkbox"/> Baptist | <input type="checkbox"/> Presbyterian | <input type="checkbox"/> Episcopal |
| <input type="checkbox"/> Pentecostal Holiness | <input type="checkbox"/> Catholic | <input type="checkbox"/> Lutheran | <input type="checkbox"/> Methodist |
| <input type="checkbox"/> Assembly of God | <input type="checkbox"/> Nazarene | <input type="checkbox"/> Church of God | <input type="checkbox"/> Other |

ETHNIC BACKGROUND OF STUDENTS (please indicate the number of students)

- | | | | |
|---|------------------------------------|-----------------------------------|--------------------------------|
| <input type="checkbox"/> African American | <input type="checkbox"/> Asian | <input type="checkbox"/> Hispanic | <input type="checkbox"/> Other |
| <input type="checkbox"/> American Indian | <input type="checkbox"/> Bi-Racial | <input type="checkbox"/> White | |

FAMILY INCOME PER YEAR

- | | | |
|---|--|--|
| <input type="checkbox"/> \$20,000 – 40,000 | <input type="checkbox"/> \$40,000 - \$60,000 | <input type="checkbox"/> \$60,000 - \$80,000 |
| <input type="checkbox"/> \$80,000 - \$100,000 | <input type="checkbox"/> Over \$100,000 | |

PARENTAL VOCATION

- | | Father | Mother | | Father | Mother |
|--------------------------|--------------------------|--------------------------|------------|--------------------------|--------------------------|
| Christian Service | <input type="checkbox"/> | <input type="checkbox"/> | Military | <input type="checkbox"/> | <input type="checkbox"/> |
| Professional | <input type="checkbox"/> | <input type="checkbox"/> | Homemaker | <input type="checkbox"/> | <input type="checkbox"/> |
| Managerial, Executive | <input type="checkbox"/> | <input type="checkbox"/> | Retired | <input type="checkbox"/> | <input type="checkbox"/> |
| Administrative, Clerical | <input type="checkbox"/> | <input type="checkbox"/> | Student | <input type="checkbox"/> | <input type="checkbox"/> |
| Engineering, Technical | <input type="checkbox"/> | <input type="checkbox"/> | Unemployed | <input type="checkbox"/> | <input type="checkbox"/> |
| Marketing, Sales | <input type="checkbox"/> | <input type="checkbox"/> | Other | <input type="checkbox"/> | <input type="checkbox"/> |

GEOGRAPHICAL LOCATION

- Home within 2 miles of FCS
- Home 2 – 5 miles from FCS
- Home 5 – 10 miles from FCS
- Home more than 10 miles from FCS

TRANSPORTATION TO FCS

- Parent Driver (or other adult)
- High School student driver
- Car Pool with other FCS families
- FCS bus

MAILING ADDRESS

- | | | | |
|---------------------------------------|-------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Fayetteville | <input type="checkbox"/> Hope Mills | <input type="checkbox"/> Lumber Bridge | <input type="checkbox"/> Raeford |
| <input type="checkbox"/> Ft. Bragg | <input type="checkbox"/> Lumberton | <input type="checkbox"/> Parkton | <input type="checkbox"/> Spring Lake |



"An Independent Christian School Ministry Serving the Cape Fear Region"
1422 Ireland Dr • Fayetteville, NC 28304 • (910) 483-3905 Office • (910) 483-6966 Fax • www.fayettevillechristian.com

BAC, Grades Pre K-5th
2008 - 2009 Registration Form

PARENT'S NAME _____ DATE _____
HOME PHONE _____ WORK PHONE _____ CELL PHONE _____

BAC Rates: (All fees are per child; families who enroll more than one child in BAC receive a 10% discount)

Please check one and initial:

- (4-5 hours of care per day) \$1400/year, \$140/month
(2-3 hours of care per day) \$1100/year, \$110/month
(1 hour or less of care per day) \$850/year, \$85/month

** If you pick up your child later than your contracted time, the fee is \$5.00 per hour (or any part thereof).

**If you pick up your child after 6:00 p.m., you will be charged \$10.00 for the first five minutes and \$1.00 for each additional minute.

Please indicate below your before care and aftercare needs:

Morning care:

Afternoon care:

6:00-7:00 a.m.
7:00-7:30 a.m.

3:00-4:00 p.m.
3:00-5:00 p.m.
3:00-6:00p.m.

The following only pertains to PK-5th Grade Students:

**Drop in rate is \$6/hour or any part thereof

**Full days off of school (6:00 a.m. - 6:00 p.m.) \$25/day for students.

Student's Name: _____ Grade _____ Start Date _____

Student's Name: _____ Grade _____ Start Date _____

Student's Name: _____ Grade _____ Start Date _____

BAC is closed for all Federal Holidays, Thanksgiving break, Christmas break (unless 20 or more students sign up), and Spring break.



An Independent Christian School Ministry Serving the Cape Fear Region"
22 Ireland Dr • Fayetteville, NC 28304 • (910) 483-3905 Office • (910) 483-6966 Fax • www.fayettevillechristian.com

RAEFORD BUS ROUTE 2008/2009

AM departing from: First Baptist Church on Main Street at 7:00
Rockfish Church on Raeford Rd at 7:10
Rockfish Community Center located on Lindsay Road at 7:20

PM drop off time: Rockfish Community Center located on Lindsay Road at 3:20
Rockfish Church on Raeford Rd at 3:30
First Baptist Church on Main Street at 3:40

Cost -- \$500/year, \$50/month. If you have more then one child each additional child will be \$400/year or \$40/month. Since everyone's fee is dependent on the number of people using the service, you are responsible for this fee even if you decide not to use the service.

Parent's name _____ Home phone number _____
Cell phone number _____ Email address _____

Date bus service to begin _____

I would like to register the following children for the bus route:

Table with 2 columns: Student's Name, Grade. Three rows of blank lines for registration.

I would like them to be picked up and dropped off at the following location: (please choose from above list)



K5-12th Grade
STUDENT MEDICAL FORM 2008/2009

K5-12th grade Student Medical Form. All students applying for K5-12th grade must complete and include this form when the application is submitted to the Admissions Office.

In addition to this form: (accepted K5 students only)

All K5 students accepted to FCS will need to provide proof of a Kindergarten physical. The physical form must be completed by your doctor and turned in to the Admissions Office by the first day of school. This physical must be scheduled during the summer so that it will remain current for the student's entire Kindergarten academic year. Your doctor will provide the physical form. Your K5 student will be unable to attend their first day of school without physical form including updated immunizations on file.

Name of Student: _____ Birth Date: _____ Grade: _____

Name of Parent or Guardian: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Email: _____

Medical history: (To be completed by the parent)

- 1. Is your child allergic to anything? ___ Yes ___ No If yes, what? _____
2. Is your child under a doctor's care? ___ Yes ___ No If yes, what? _____
3. Any previous hospitalizations or operations? ___ Yes ___ No If yes, what? _____
4. Is your child on any continuous medication? ___ Yes ___ No If yes, what? _____
5. Any history of diseases or recurrent illness? ___ Yes ___ No If yes, what? _____
6. Does your child have any physical disabilities? ___ Yes ___ No If yes, what? _____
7. Does your child have any mental disabilities? ___ Yes ___ No If yes, what? _____
8. Does your child have any neurological or sensory disorders? ___ Yes ___ No If yes, what? _____
9. Does your child have any medical restrictions that would keep him/her from participating in Physical Education? ___ Yes ___ No If yes, what? _____

STATEMENT OF COOPERATION

FOR THE PARENT

- ❖ We are in support of the FCS educational philosophy, objectives, *Family-School Handbook* (online at fayettevillechristian.com or you may request a copy from the office), standards of conduct and the principles of the *FCS Covenant* and *The Peacemaker's Pledge*.
- ❖ We will cooperate with the teachers in a spirit of partnership in the training of our child(ren).
- ❖ We will attend parent/teacher conferences when requested to do so.
- ❖ We will pick up our child(ren) from school when requested to do so by an administrator or office personal.
- ❖ We will regularly attend the Volunteers In Partnership (VIP) meetings and other functions requiring our participation. We commit to volunteering eight hours a year per family. Time will be documented in Volunteer log located in office. We will also cooperate in assisting in special workdays called throughout the year.
- ❖ We have read and understand the financial information and pledge to fulfill our responsibilities accordingly.
- ❖ We understand that Students are considered enrolled for the entire school year; therefore, budgets and teacher contracts are set accordingly. Student(s) who withdraw anytime between July 1, 2008 and April 30, 2009 will be assessed a \$500 Withdrawal fee unless withdrawal is due to military orders or requested by the Administration.
- ❖ We understand that tuition rates do not cover the cost of operating the school and thus our participation is needed through other ways such as volunteer involvement, monetary gifting and regular prayer efforts for the benefit of our children.
- ❖ We give permission for our child(ren) to take part in all routine school activities, including athletics, field trips and school-sponsored trips.
- ❖ We give permission for our child(ren) to be photographed for publication, including the school website, on behalf of Fayetteville Christian School.
- ❖ We agree to encourage our child(ren) in the learning of biblical truths.
- ❖ We agree to encourage our child(ren) in the learning of the school curriculum.
- ❖ We will read the *Family-School Handbook* (online at fayettevillechristian.com or you may request a copy from the office) and pledge our cooperation regarding school policies and practices.
- ❖ We will commit to resolving conflicts appropriately with the person(s) most directly involved according to the "Matthew 18 principle" (included in *The Peacemaker's Pledge* located at www.fayettevillechristian.com).
- ❖ We understand that FCS reserves the right to request students to have random drug testing. We agree to have our child(ren) drug tested at the administrator's request.
- ❖ We pledge our loyalty to the aims and ideals of the school. We also pledge to seek unity in the handling of conflicts and will bring any and all questions and criticism directly to the administration so that they may be properly considered by those in authority. We agree to accept the administrator's decisions and understand the administration has the right to withdraw our family from the school if we are causing divisions or instigating other families against the teachers or administration, or threatening legal action against the teachers and administration.
- ❖ The teacher and administration are given full discretion in the disciplining of our children. We understand and give authority to the administration to administer corporal punishment in grades Pre-K through 5th. The parent(s) will be notified first. We understand that willful disobedience by our child(ren) of the principles and guidelines of the *FCS Covenant* (see Student Handbook, pg. 5) may result in dismissal from Fayetteville Christian School.
- ❖ In case of emergency, when I am not readily available, I hereby give permission to our family physician and/or attending physician to hospitalize and/or provide proper treatment for my child. I also give permission for the office personnel to administer prescription medication as indicated on the student enrollment/enrollment form.

Signature of Father/Guardian

Date

Signature of Mother/Guardian

Date