

## **Re-enrollment Admissions Checklist 2008 – 2009 SCHOOL YEAR**

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- Complete re-enrollment application – 1 per family
- Attach a check made out to FCS for the \$75 registration fee for elementary students and/or \$110 for Junior High/High School students.
- Statement of Cooperation – Parents
- Statement of Cooperation – Students in Grades 6<sup>th</sup> – 12<sup>th</sup>
- Kindergarten Medical/Immunization Form must be completed and returned by the first day of school for all students enrolling in Kindergarten.
- Student Medical Form – 1 per student
- BAC Registration (if applicable)
- Raeford Bus Registration (if applicable)
- Summer BAC Registration (if applicable)
- After School Study Hall (if applicable)
- Camp Dixie Registration (Jr. High and High School Students)
- High School Class Trip Registration (High School Students)
- Review the Student Handbook online at [www.fayettevillechristian.com](http://www.fayettevillechristian.com) (or request a copy from the office) to understand established school policies and procedures.

*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"*  
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## IMPORTANT RE-ENROLLMENT INFORMATION 2008 - 2009

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### IMPORTANT RE-ENROLLMENT INFORMATION

Re-enrollment is just around the corner. We hope you will make the choice to return next year. With FORSCOM and the Army Reserve moving their commands here, Fayetteville is expecting thousands of new troops. In addition, Breezewood Christian School is closing and many of their families are choosing to move their children to FCS next year. Therefore, we expect to receive more applications than we have space for. **If you want to have a space for your child, you should make sure you enroll early.**

**Re-enrollment for returning families begins Jan. 14.** New families begin enrollment **on Feb 11.** All necessary forms are available on the school website.

**FACTS**—For those already enrolled in FACTS this year, if you need to make any changes to your account, (*like bank information or address changes*) please do so by April 1. **Book Fees/FACTS fee will be processed in June and tuition payments will begin in July and run through April of 2009.**

**PRE-PAY TUITION**—If you plan on pre-paying your tuition, you must do so by May 1 or enroll in FACTS. You may pre-pay by credit card, but you will not receive the 2% discount.

**REGISTRATION FEES**--*Registration Fees are being increased \$35.00 for junior and senior high students to include the Camp Dixie Retreat.*

**REGISTRATION/ACTIVITY FEES** are:

Elementary—\$75.00      Junior and Senior High--\$110.00

**Note to parents concerning 6-12 grade**—The best time to hire teachers is March – May. I need to know how many classes of each grade to expect so I can find teachers before they accept positions elsewhere. Families who register late create a hiring problem because the class numbers grow at the end of the summer and then I am scrambling to find additional teachers. Please, please, please... register early or let us know if your children are not returning. **NOTE--As applications are turned in for junior and senior high students, they will be dated. Students will be allowed to register for classes and electives based upon their re-enrollment date. In other words, if students register late, there may not be space available in certain classes.**

In His Service,

Tammi M. Peters  
Administrator



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## RE-ENROLLMENT APPLICATION 2008/2009 School Year

### GENERAL INFORMATION

OFFICE USE ONLY Date of Re-Enrollment: \_\_\_\_\_ Amt. Of Check: \$ \_\_\_\_\_ Check #: \_\_\_\_\_ Withdrawal Date: \_\_\_\_\_

**Payment Plan:** \_\_\_ Full Payment \_\_\_ 10 Month (via FACTS Mgt)      **Aftercare:** \_\_\_ Yes, Number of Children \_\_\_

**Student #1** \_\_\_\_\_ Preferred Name \_\_\_\_\_ - - - / / \_\_\_\_\_ Male or Female

Proper Name (Last, First, Middle)      Preferred Name      Social Security Number      Date of Birth      Grade

**Student #2** \_\_\_\_\_ Preferred Name \_\_\_\_\_ - - - / / \_\_\_\_\_ Male or Female

Proper Name (Last, First, Middle)      Preferred Name      Social Security Number      Date of Birth      Grade

**Student #3** \_\_\_\_\_ Preferred Name \_\_\_\_\_ - - - / / \_\_\_\_\_ Male or Female

Proper Name (Last, First, Middle)      Preferred Name      Social Security Number      Date of Birth      Grade

**Student #4** \_\_\_\_\_ Preferred Name \_\_\_\_\_ - - - / / \_\_\_\_\_ Male or Female

Proper Name (Last, First, Middle)      Preferred Name      Social Security Number      Date      Grade

( ) I do **not** give permission for information to be printed in 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.

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( ) - - - - E-Mail Address: \_\_\_\_\_

### FAMILY INFORMATION

Father     Step-Father     Legal Guardian     
  Mother     Step-Mother     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

**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:

Name \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Maternal Grandparents:

Name \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ 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)

*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 1:**  Regular

Occasionally  Rarely **Student 2:**  Regular  Occasionally  Rarely **Student 3:**  Regular  Occasionally  Rarely

**Student 4:**  Regular  Occasionally  Rarely

Why would you like your child(ren) to attend Fayetteville Christian 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**

## STATEMENT OF COOPERATION

### FOR THE PARENT

- ❖ We are in support of the FCS educational philosophy, objectives, *Family-School Handbook* (online at [fayettevillechristian.com](http://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](http://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](http://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 re-enrollment/enrollment form.

\_\_\_\_\_  
 Signature of Father/Guardian

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Mother/Guardian

\_\_\_\_\_  
 Date



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STATEMENT OF COOPERATION

FOR STUDENTS IN GRADES 6 - 12

The following principles and guidelines are intended to ensure that students and parents understand the policies and principles of FCS. Students IN GRADES 6-12 must sign below acknowledging they have read and will adhere to these guidelines. Parents and students are also expected to read the school contract and handbook.

THE FOLLOWING ARE ISSUES OF MORALITY THAT YOU WILL AGREE TO LIVE BY:

- a. Abortion is sin. Students agree not to have an abortion or encourage anyone to have one.
b. Homosexuality is sin. Students agree not to engage in homosexuality.
c. Sexual activity, and inappropriate physical intimacy, outside of marriage is sin. Students agree to remain pure until marriage.
d. Obscene lyrics and sexual themes in music, movies, or magazines are inappropriate. I agree to entertain myself with things that will please the Lord.
e. Tobacco products, alcohol and drugs are illegal. I agree not to use them. I also agree to submit to a drug or alcohol test if requested by the Principal.
f. I agree that all forms of cheating and plagiarism are a sin. I agree to live by the FCS Honor Code--doing my own work to the best of my ability.

I confess to be a Christian and promise to do my best to live my life, whether in school or after school, according to Biblical standards. I will show respect my teachers, complete my homework assignments, and obey the rules established in the school handbook. I will not cheat, steal from my classmates, or be involved in any illegal activity. I understand that failure to do so could mean expulsion from FCS.

- I desire to attend Fayetteville Christian School or am willing to be under the authority of my parents in submitting and deferring to their wishes concerning enrollment at Fayetteville Christian School.
I understand that Christian teachers are in partnership with my parents. I will strive to obey them also as they seek to train me according to God's Word.
I will seek to live a godly life in and out of school in order that Jesus Christ will be glorified.
While on campus I agree to drive safely and in consideration of others.
I understand that willful disobedience of the covenant principles and the guidelines of the Family-School Handbook may result in my dismissal from Fayetteville Christian School.

First child's signature Date

Second child's signature Date

Third child's signature Date

Fourth child's signature Date



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## 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 |



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

PARENT'S NAME \_\_\_\_\_ DATE \_\_\_\_\_
HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_
ALLERGIES \_\_\_\_\_

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:

6:00-7:30 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.



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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.



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## After School Study Hall (6<sup>th</sup> – 8<sup>th</sup> grade) 2008 – 2009 Registration Form

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

**(3:00 to 5:00 p.m.)      \$800.00/year, \$80/month**

**Drop In Rate      \$10 an hour**

Student's Name: \_\_\_\_\_ Grade \_\_\_\_\_ Start Date \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade \_\_\_\_\_ Start Date \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade \_\_\_\_\_ Start Date \_\_\_\_\_



# SUMMER BAC PROGRAM

## Summer 2008 Registration Form

Summer child care is available for children 4 years old through those children who have just completed the 5th grade. This program begins the week after the last day of the current school year and ends the Friday before the start of the new school year. The cost is a flat rate of \$1,000 for the entire summer. We will no longer have a weekly or monthly rate.

This is for summer child care only. (Registration and costs for summer camps will be available later this spring.)

### STUDENT INFORMATION

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
MI

\_\_\_\_\_  
Grade Entering

\_\_\_\_\_  
Preferred Name

\_\_\_\_\_  
Male / Female

\_\_\_\_\_  
Address

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Allergies

**Summer Rates:** \$1,000 - (All fees are per child; families who enroll more than one child in the Summer BAC program receive a 10% discount)

*\*\* 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.**

### FAMILY INFORMATION

Father  Step-Father  Legal Guardian

Mother  Step-Mother  Legal Guardian

\_\_\_\_\_  
Last name First (goes by) MI Title(Mr./Dr./Rev.)

\_\_\_\_\_  
Last name First (goes by) MI Title(Mrs./Ms./Dr.)

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

Cell \_\_\_\_\_

Cell \_\_\_\_\_

Employer \_\_\_\_\_

Employer \_\_\_\_\_

Position \_\_\_\_\_

Position \_\_\_\_\_

This application is a contract for the summer program. This contract may not be voided except in case of an emergency withdrawal. We understand that this contract will remain a binding financial obligation if we withdraw our child.

\_\_\_\_\_  
Father's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother' Signature

\_\_\_\_\_  
Date

**Summer BAC is closed on Memorial Day and the Fourth of July.**



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. You can download the form on our website at www.fayettevillechristian.com under the admissions link. Your K5 student will be unable to attend their first day of school without the physical form and an updated immunizations record 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?



## Junior High and High School Camp Dixie Information Sheet 2008-2009

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### ***Back to School Retreat*** ***Date: TBD***

This retreat is a tradition at FCS. We take time out of our busy school schedule to be intentional about launching our school year the right way. This is in essence our "church camp in a day" retreat. We will have a speaker, a band, and plenty of fun and fellowship. You will need to bring the following items:

- ❖ Bible
- ❖ Pen
- ❖ Paper
- ❖ Bathing suit (see dress code requirements)
- ❖ Towel
- ❖ Change of clothes (suggestion)
- ❖ Sunscreen
- ❖ Change for vending machines

We have a great time worshipping the Lord and getting to know our new students. This is a time of fellowship and a great way for us to welcome our new students into the FCS family. Please note that your student will be provided two meals while at the retreat and a t-shirt. Please circle your student's t-shirt size so that we can ensure he/she receives the right size.

In Him,  
Cindy Trevino  
Student Activities Director  
Fayetteville Christian School

### ***Retreat Dress Code***

Girls—

1. May wear shorts with at least a 3 inch inseam.
2. No stomachs showing.
3. One piece bathing suit or wear a dark colored tank top over suit.
4. No spaghetti straps...all sleeves must be 3 fingers wide.

Boys—

1. Sleeveless shirts okay but no tank/"wife beater" shirts
2. No sagging and bagging
3. No inappropriate slogans or pictures on shirts



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# Junior High and High School Camp Dixie Permission Slip 2008-2009

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## Back To School Retreat Permission Slip

Grade of Student \_\_\_\_\_

I give permission for my child \_\_\_\_\_ to go on the scheduled trip with their class. I give permission to the FCS chaperones to seek medical attention for my child if necessary.

He/she is allergic to the following: \_\_\_\_\_ and has the following medical conditions: \_\_\_\_\_

\_\_\_\_\_

My medical insurance is with: \_\_\_\_\_

Policy number: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Daytime phone number: \_\_\_\_\_

Evening phone number: \_\_\_\_\_

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

T-Shirt Size (please circle one):    Adult Small    Adult Med.    Adult Lg.    Adult XLg.    Other \_\_\_\_\_



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## High School Driving Permission Slip 2008-2009

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Permission form for driving to Camp Dixie:

My son/daughter \_\_\_\_\_ has my permission to drive to Camp Dixie on Monday, August 27.

My son/daughter is not allowed to take anyone else as a passenger in the vehicle.

\_\_\_\_\_  
(Signature of parent or guardian)

\_\_\_\_\_  
(date)

.....  
My son/daughter has my permission to drive to Camp Dixie and is permitted to have the following student(s) only as a passenger in his/her vehicle.

Name of student(s) allowed in the vehicle as a passenger.

\_\_\_\_\_

\_\_\_\_\_  
(Signature of parent or guardian)

\_\_\_\_\_  
(date)

.....  
My son/daughter has my permission to ride in a vehicle driven by the student listed below:

\_\_\_\_\_

\_\_\_\_\_  
(Signature of parent or guardian)

\_\_\_\_\_  
(date)



*"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

## High School Class Trip 2008/2009

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Dear High School Parents:

We would like to inform you of our upcoming school year's class trip plans. Every year our High School Freshman-Junior classes take a 2 or 3 day trip. We do everything with in our power to keep the cost of the trip as low as possible. The trips will be from September 21<sup>st</sup> -23<sup>rd</sup> for freshman and juniors, and 22<sup>nd</sup> -23<sup>rd</sup> for sophomores. It will cost \$215.00 per student plus spending money. The freshman will visit Washington DC. The sophomores will go to Charleston, SC and the junior class will visit Philadelphia. The students have a great time and it allows them to bond with one another and their teacher chaperones, and creates lifelong memories. This letter is to inform you of the trip dates and to give you ample notice of the money that will be due. A non-refundable deposit of \$100.00 is due along with your registration packet. The remaining \$115.00 will be due on September 1, 2008.

In His Service,  
Cindy Trevino  
IT/Student Activities Director  
Phone: (910) 483-3905 ext 237



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## HS Class Trip Deposit Form 2008-2009

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My student \_\_\_\_\_ is going on the High School class trip. I understand that this \$100 deposit is non-refundable and necessary in assisting the administration in the planning of the trip. I have read the information included in my registration packet and understand the purpose and general information concerning the trips.

Parent/Guardian Signature: \_\_\_\_\_

<u>Paid by</u>	<u>Amount</u>
Check	_____
Cash	_____
Credit Card	_____



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## HS Class Trip Permission Slip 2008-2009

Grade of Student \_\_\_\_\_

I give permission for my child \_\_\_\_\_ to go on the scheduled trip with their class. I give permission to the FCS chaperones to seek medical attention for my child if necessary.

He/she is allergic to the following: \_\_\_\_\_ and has the following medical conditions: \_\_\_\_\_

\_\_\_\_\_.

My medical insurance is with: \_\_\_\_\_

Policy number: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Daytime phone number: \_\_\_\_\_

Evening phone number: \_\_\_\_\_

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