



HIGH SCHOOL 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 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.
- Include a copy of previous year and current year report cards.
- Include current SAT (Stafford Achievement Test) or End of Grade testing scores.
- Student Confidential Evaluation
- Pastor Reference Form
- Statement of Cooperation – Parents and Students
- Medical Form
- High School Camp Dixie Information/Permission Form
- High School Class Trip Information/Permission Form
- 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 Registration Date: _____ Interview: _____ Date: _____ Time: _____ Ck \$ _____ Ck# _____
Gender: ___ Male ___ Female Applying for Grade: _____	

() 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	
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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 _____

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: _____



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CONFIDENTIAL STUDENT EVALUATION 2008/2009
Grades 6 - 12

To the 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 _____ Candidate for grade _____

Please check as appropriate	Excellent	Above Average	Average	Below Average	No Basis for Judgment
Participates in classroom discussions					
Ask pertinent questions					
Thinks through a process before acting					
Is attentive when others speak					
Completes assignments on time					
Prepares neat and well-organized assignments					
Is interested in going beyond the lesson					
Works at a level consistent with ability					
Has a positive attitude					
Is self motivated and purposeful					
Cooperates					
Exhibits leadership skills					
Gets along with peers					
Respects authority					
Exhibits emotional stability					
Demonstrates organization					
Presents original ideas well					
Is reliable and trustworthy					
Is dependable					

Has the curriculum been adjusted or modified to suit the needs of the student? Yes ___ No ___

What are the first words that come to mind to describe this student? _____

I recommend this student: ___ enthusiastically ___ strongly ___ fairly strongly ___ with reservation

Name of Teacher _____ Date _____

Position _____ Name of School _____

Address _____ Zip Code _____ Work #: _____

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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 _____

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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 entry.

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?



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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 | _____ | _____ | Military | _____ | _____ |
| Professional | _____ | _____ | Homemaker | _____ | _____ |
| Managerial, Executive | _____ | _____ | Retired | _____ | _____ |
| Administrative, Clerical | _____ | _____ | Student | _____ | _____ |
| Engineering, Technical | _____ | _____ | Unemployed | _____ | _____ |
| Marketing, Sales | _____ | _____ | Other | _____ | _____ |

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 |

HS Camp Dixie Information Sheet 2008-2009

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 worshiping 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 fill out the t-shirt order form so that we can ensure your student 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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HS Camp Dixie Information Sheet 2008-2009

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: _____



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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: _____

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 re-enrollment/enrollment form.

Signature of Father/Guardian

Date

Signature of Mother/Guardian

Date



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