

FAMILY WORSHIP MINISTRIES CHRISTIAN ACADEMY
Student Application

Application Date: _____

Entrance Date: _____

Student Information

Full Name: _____ DOB: _____

Age: _____ Sex: _____ Birth Place: _____ SSN: _____

Address: _____

Mailing Address: _____

Home Telephone: _____ Email: _____

School Last Attended: _____

School's Address: _____

Last Grade Completed: _____

Family Information

Father's Name: _____ Cell Phone: _____

Employment: _____ Position: _____

Business Phone: _____

Mother's Name: _____ Cell Phone: _____

Employment: _____ Position: _____

Business Phone: _____

Emergency Contact: _____

Marital Status: ☐ Married ☐ Widow ☐ Divorced ☐ Separated ☐ Single

Children in family of school age not applying:

Name: _____ Age: _____

Religious Information

Church Attending: _____ Pastor: _____

Address: _____ Phone #: _____

Has your child given his/her life to Jesus Christ and made this commitment known to you? **YES** **NO**

Medical Information

Family Physician: _____ Phone: _____

Does the student have any physical impairments or allergies? _____

Is the student's immunization record up to date? ☐ Y ☐ N

Scholastic information

Has the student ever been expelled, dismissed, suspended, or refused admission to another school? ☐ Y ☐ N

Explain: _____

Has the student ever had disciplinary difficulty at school? ☐ Y ☐ N

Explain: _____

Does the student have a juvenile or arrest record? ☐ Y ☐ N

Explain: _____

Has the student ever used tobacco or nonprescription drugs of any kind? ☐ Y ☐ N

Explain: _____

Has the student ever failed an academic subject in school? ☐ Y ☐ N

Explain: _____

Please indicate the academic level of the student's previous work:

☐ Excellent ☐ Good ☐ Average ☐ Poor

General Information

How did you hear about FWMCA? _____

Reason for selecting FWMCA _____

PLEASE READ CAREFULLY

This application must be filled out completely before it can be processed. A registration fee must accompany the application and is non-refundable. In order to uphold the core values, standards and beliefs of FWMCA, it will be necessary to conduct an in depth interview with the parents and student before final acceptance. The interview will be conducted by the Administrator and will be scheduled upon receipt of application. The application and interview will determine the acceptance of any student. It is our goal to provide an atmosphere that will be safe and secure for each student. Family Worship Ministries Christian Academy has a racial nondiscriminatory policy and, therefore, does not discriminate against members, applicants, students, and others on the basis of

I hereby pledge to pay my financial obligation to the school on the due date and understand that it may be necessary to withdraw my student if proper arrangements are not made on a past due account. I appreciate the standards of the school and do not tolerate profanity, obscenity in word or action, dishonor to God or His Word, or disrespect to the personnel of the school. I hereby agree to support all regulations of the school in the applicant's behalf and authorize this school to employ discipline it deems wise and expedient for the training of my student. I understand that the school reserves the right to dismiss any student who fails to comply with the established regulations and discipline or whose financial obligations remain unpaid.

Signature of Father/Guardian

Date

Signature of Mother/Guardian

Date