

A**Choose One:**

- New Student
- Re-Enrollment (from previous year)

False information on this application form will result in the immediate nullification of this enrollment, and no refunds on fees.

B**Student's Full Legal Name**

Male Female

 First Name Middle Name Last Name

C

 Date of Birth Social Security Grade Level

 Home Phone Fax E-mail

D

 Student's Street Address P.O. Box (if any) City

 State Zip School District

E

- No Yes 1. Has student been suspended from any school within the last 2 years? Date: _____
- No Yes 2. Has student been arrested or held for questioning within the last 2 years? Date: _____
- No Yes 3. Does student smoke, use tobacco products, or drugs?
- No Yes 4. Is student married?
- No Yes 5. Is student pregnant?
- No Yes 6. Is student the mother or father of a child?
- No Yes 7. Does student have a probation officer? Name of Officer: _____
- No Yes 8. Has student had truancy issues? Including Letters, phone calls or visits from officials?
- No Yes 9. IEP or Special Needs?

ENROLLMENT FORM (Continued)

(Note: You must pay additional fees; do not fill-in unless fees have been paid.)

F

Achievement Testing: **Indicate by 1 & 2 your 1st and 2nd choices** (Subject to availability)

Please submit information

Blountville, TN (Grades 3-12)

Kingsport, TN
1st & 2nd Grade available
at this site

Have Certified Teacher
(Must submit Certified Teacher
certificate within 30 days)

Bob Jones or ACT
(Verification must be
submitted to FCA by
December 31)

Bristol, TN (Grades 3-12)

Knoxville, TN (Grades 3-12)

Private FCA Administered

Religious Exemption
(Not Testing – Must
include explanation)

Chattanooga, TN
1st & 2nd Grade available
at this site

G

Choose one - primary teacher is the: Mother Father Legal Guardian (Need Court Order)

Father's/Guardian's Name E-mail Address _____

First Name Middle Name Last Name

Employer Cell Phone Work Phone

H

Mother's/Guardian's Name E-mail Address _____

First Name Middle Name Last Name

Employer Cell Phone Work Phone

I

Emergency Contact: Relationship: _____ E-mail Address _____
(Not living in same Household)

First Name Middle Name Last Name

Address City, State, Zip Home Phone

J

Church Name Address _____

(If you do not have a family church, please attach
a letter of explanation to this enrollment form)

Pastor Phone _____

K

I have read the Packet, Compulsory Attendance Statute and I AM IN AGREEMENT with FCA's Statement of Faith and School Policies.

I have read the Packet, Compulsory Attendance Statute and I AM NOT IN AGREEMENT with the Statement of Faith and Statement of Policy.

Parent's/Legal Guardian's Signature _____ Date _____

Signature grants Family Christian Academy and its staff permission to verify data presented in this form and to monitor compliance with its policies.

Family Christian Academy Member Agreement

Student's Name _____

As the parent/guardian of the above named student I have read and agree to all policies contained in the Family Christian Academy of East Tennessee Enrollment and Information Packet.

As a member of Family Christian Academy of East Tennessee I further agree that:

_____ I have read and agree to Family Christian Academy of East Tennessee's policy on Fees/Refunds (page 7).

_____ I have read and agree to Family Christian Academy of East Tennessee's policy on Credits (page 7) and Credit Requirements (page 14).

_____ I have read and agree to Family Christian Academy of East Tennessee's policy on Semi-Annual Attendance Reports (page 8).

_____ I have read and agree to Family Christian Academy of East Tennessee's policy on Testing (pages 9-11).

_____ I have read and agree to Family Christian Academy of East Tennessee's Diploma Request and Evaluation Procedures (page 12).

_____ I agree to submit my student's Curriculum List (page 22) detailing what curriculum I will be using this school year within 30 calendar days of enrollment.

_____ I have read and agree to Family Christian Academy of East Tennessee's Re-Enrollment Policy (page 7).

_____ I will notify Family Christian Academy of East Tennessee immediately should I move, change my telephone number, or email address.

Parent/Guardian Signature

Date

Family Christian Academy Transfer Request

NOTE: Tennessee Enrollments

A. The following student is enrolled in our educational program. This is not a home school program.
B. Family Christian Academy was founded in 1988 and is listed with the Tennessee Department of Education as a Category IV: Church-Related School. Our program is entirely operated under the provisions of TCA Tennessee Code Section 49-50-801. Students enrolled in our program are not required to register as a "home schooler" with the local superintendent of schools. Our status and operational distinctions were most recently confirmed as complying with the Tennessee educational standard in a memo dated Feb. 18, 1999 from Commissioner Jane Walters to all superintendents.

Mail to:

**Office of Registrar
FCA East/Knoxville**

124 E. Inskip Dr. • Knoxville, TN 37912 • Fax (865) 689-1213

Full Legal Name of Student

Date of Birth

Social Security Number

Grade

Last School Attended

Last School's Address (incomplete address will delay enrollment)

City

State

Zip

School Phone

School Fax

I give permission to release all school records including medical, testing, special education, psychological, evaluations and a complete copy of the cumulative folder.

Signature of Parent or Guardian

Print Name

Date

Note to last school attended: Please send birth certificate, health records, test results, transcript of grades, and any IEP

Has the student ever been expelled or is he/she under suspension? No Yes

OFFICE USE ONLY:

Date Sent: _____

Date Received: _____
