

ENROLLMENT FORM

School Year _____

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: I		
	Please submit information		(Subject to availability)
	<input type="checkbox"/> Blountville, TN (Grades 3-12)		
	<input type="checkbox"/> Bristol, TN (Grades 3-12)		<input type="checkbox"/> Private FCA Administered
	<input type="checkbox"/> Chattanooga, TN		<input type="checkbox"/> Bob Jones or ACT
	<input type="checkbox"/> Knoxville, TN (Grades 3-12)		<input type="checkbox"/> Religious Exemption

G	Choose one - primary teacher is the: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> 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	<input type="checkbox"/> I have read the Packet, Compulsory Attendance Statute and I AM IN AGREEMENT with FCA's Statement of Faith and School Policies.	
	<input type="checkbox"/> I have read the Packet, Compulsory Attendance Statute and I AM NOT IN AGREEMENT with FCA's Statement of Faith and School Policies.	
	Parent's/Legal Guardian's Signature _____ Signature grants Family Christian Academy and its staff permission to verify data presented in this form and to monitor compliance with its policies.	Date _____

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 understand it is my responsibility to ensure my student tests during required grades. Information will be available on January 30, and if my student misses I will be subject to a make-up test fee.

_____ 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/Fax 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, any and IEP

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

OFFICE USE ONLY:

Date Sent: _____

Date Received: _____