



**Application for Admission  
First Assembly Christian School  
154 Warren C. Coleman Blvd.  
Concord, NC 28027**

*Students are admitted to First Assembly Christian School  
without regard to race, color, national and ethnic origin*

<p><b>School Year: 20</b> _____ <b>-20</b> _____</p> <p>Entering Grade: <b>(Please circle)</b></p> <p><b>EE:</b> K4</p> <p><b>EL:</b> K 1 2 3 4 5</p> <p><b>MS:</b> 6 7 8</p> <p><b>HS:</b> 9 10 11 12</p> <p><b>Before &amp; Aftercare:</b></p> <p>Yes ___ No ___</p> <p>AM ___ PM ___ BOTH ___</p> <p>Summer Camp ___</p>
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**STUDENT INFORMATION:**

\_\_\_\_\_ (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Goes By)

Mailing Address: \_\_\_\_\_

Student's Social Security Number: \_\_\_\_\_

Gender: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Birthplace: \_\_\_\_\_

Child is adopted? \_\_\_\_\_ Does child know of adoption? \_\_\_\_\_

Total Battery on most recent Standardized Achievement Test? \_\_\_\_\_ Which test? \_\_\_\_\_

**PARENTAL INFORMATION:**

Father/Guardian's Name: \_\_\_\_\_ Mother/Guardian's Name: \_\_\_\_\_

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

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

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ E-mail: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Parents are:** \_\_\_ Married \_\_\_ Separated \_\_\_ Divorced \_\_\_ Single

If parents are divorced, who has legal custody? \_\_\_\_\_ Can both parents pick up the student? \_\_\_\_\_

**Other Children in Family:**

\_\_\_\_\_  
Full Name Birth Date Age

\_\_\_\_\_  
Full Name Birth Date Age

\_\_\_\_\_  
Full Name Birth Date Age

\_\_\_\_\_  
Full Name Birth Date Age

**INFORMATION ABOUT YOUR CHILD:**

Does your child have any known allergies? \_\_\_\_\_

If so, please explain: \_\_\_\_\_

Is your child taking any medications? \_\_\_\_\_

If so, explain what he/she is taking, and why: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**

If parents or guardians can not be reached:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Office Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Office Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**AUTHORIZED TO PICK UP:**

Persons other than parents authorized to pick up child:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Office Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Office Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**RESPONSIBLE PARTY INFORMATION:**

Please indicate the individual to contact concerning financial matters)

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

I have reviewed the tuition schedule. Yes \_\_\_ No \_\_\_ I will be applying for financial assistance: Yes \_\_\_ No \_\_\_

**EDUCATIONAL INFORMATION:**

**For K4, Elementary, Middle and High School Students**

Last school/Day Care attended: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

How did you hear about FACS? \_\_\_\_\_

Briefly explain your reason for wanting to send your child/children to FACS:

\_\_\_\_\_  
\_\_\_\_\_

Has your child ever been involved in a remedial class? Yes \_\_\_ No \_\_\_

Has your child been involved with a tutor? Yes \_\_\_ No \_\_\_

Has your child ever been tested for ADD, ADHD, BEH, EMH, LF, etc? Yes \_\_\_ No \_\_\_

Has your child ever been under the care of a counselor, clinical psychologist or Psychiatrist? Yes \_\_\_ No \_\_\_

Has your child ever been involved in an advanced class? Yes \_\_\_ No \_\_\_

Has you child experienced any problems in relation to drugs, alcohol, smoking, law enforcement? Yes \_\_\_ No \_\_\_

Has your child experienced any discipline/conduct problems in relation to school suspensions, school expulsion, grade retention, promotions? **If yes, circle which ones.** Yes \_\_\_ No \_\_\_

If answer is **yes** to any of the above questions, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

**CHURCH INFORMATION:**

Family Church Affiliation/Denomination: \_\_\_\_\_ Home Church: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Pastor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_



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## Parental Agreement

We, the parents/guardians who are accepting the challenge of training our child(ren) to love the Lord with all of their heart, mind and soul, do state that the training described in God's Word is the same training being carried on in the home. We also place our trust in FACS to extend that training more completely.

We pledge that our family will try to show its sincere Christian purpose by attending church services at our own church or First Assembly.

We agree to abide by all of the school policies of FACS as set forth in the School Handbook and any additional policies established by the administration.

We agree that our children will participate in the Bible studies and all other parts of a Christian education that includes memory work. We will encourage and help them as much as is deemed prudent with all their work.

We also invest in the authority of the school to discipline our child(ren) as outlined in the school discipline program.

We understand that discipline allows teachers to teach and students to learn. We agree that we will cooperate and discipline our child in the home as needed.

We agree that, if for any reason our child does not respond positively to the established philosophy, purposes, practices and programs of the school, we will quietly withdraw our child.

We hereby authorize emergency medical care in the event of serious illness or accident as designated on the emergency form if parents cannot be reached.

We agree to support the school's right to request from parents [at parents expense] to have a student tested by a physician if he/she is suspected of using drugs.

We recognize the school's right to dismiss any student who does not respect its spiritual standards or cooperate in the educational process.

We agree to support the administrator's responsibility for placing our child in the proper grade and classroom.

We agree to follow proper channels as outlined in the grievance procedure and the Matthew 18 protocol.

We agree to inform the school if our child has been tested for any type of exceptionality [ADD, ADHD, BEH, EMH, LF, etc].

We also agree to pay for any school property damage or loss by our child(ren). This shall include, but is not limited to, damage or loss to grounds, buildings, fixtures, furniture, equipment, books, paper, and supplies.

We grant the school permission to take our child(ren) on walks, field trips, athletic competitions, and excursions away from school.

We acknowledge that the items stated above constitute an agreement between the school and us, and there are no other agreements, oral or otherwise.

We as parents/guardians of the applicant do sincerely give our pledge to all items stated above, as applicable. In making this application I attest that all statements made by me are true and correct to the best of my knowledge.

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

Print: \_\_\_\_\_  
Mother or Legal Guardian Father or Legal Guardian

*(Both Signatures Required Where Applicable)*

Signature: \_\_\_\_\_  
Mother or Legal Guardian Father or Legal Guardian



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### Transcript Release Form

Student \_\_\_\_\_  
Last Name First Name

Previous School Attended: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Please provide the following information to our admissions office so that we can complete the enrollment process:

- Grades for this school year
- Any standardized test scores, and any psychological/counseling reports
- Official transcript
- Recommendations from teachers, counselors and principal
- Any discipline documentation
- Medical records – immunization card and student health examination
- Copy of birth certificate

*I hereby authorize the release of the above information to First Assembly Christian School.*

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date



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## Medical Treatment Form

Being the parent or legal guardian of \_\_\_\_\_, (minor's name printed) I

\_\_\_\_\_ (Parent's name printed) do consent to any x-ray, anesthetic, medical, surgical, or dental diagnosis or treatment that may be deemed necessary for my child. Further, I understand that all efforts will be made to contact me prior to treatment. In the event I cannot be reached in an emergency, I give permission to Academy/Church Staff to make the decisions necessary for treatment. Should there be no Academy/Church Staff available, I give permission to the attending physician to treat my minor child. I further understand that the doctors, dentists, and other providers attending to my child will take all reasonable safety precautions during their care.

Further, as parent or legal guardian I am responsible for the health care decisions for my minor child and agree that my insurance plan is the primary plan to pay for the dental, medical, or hospital care or treatment that is given to my child. Any policy of the Academy or organization sponsoring this event will be used as the secondary coverage.

Allergies to food, medication, etc. (If none, so state)

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Special Medical Conditions (If none, so state)

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Family Physician \_\_\_\_\_ Phone No. \_\_\_\_\_  
Office Address \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_  
(Please Print)

Parent/Guardian Home Address \_\_\_\_\_  
(Street Address)

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy/Group # \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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## Image and Technology Consent Form

Student Name (please print) \_\_\_\_\_  
Last Name First Name Grade

Please check "Yes" or "no" for each of the following items and sign at the end of the document

My child \_\_\_\_\_ has my permission to:

**1. Be photographed or videotaped for school related activities.**

In granting such permission, I (we) relinquish and give to the FACS, Concord, NC, all right to the images or negatives, and waive any right to compensation for the publication or other use of these materials.

Yes \_\_\_\_\_ No \_\_\_\_\_

**2. Have work published on the Internet web site, identified by first name/first initial of last name**

Yes \_\_\_\_\_ No \_\_\_\_\_

**3. Access the School Network and the Internet**

(Access to instructional software, local files, teacher led activities, etc.)

Yes \_\_\_\_\_ No \_\_\_\_\_

\* By checking "No," your child will not be able to access important and valuable educational resources such as the school's library card catalog, instructional software, and resources for research and printing.

In addition to the Image and Technology Consent Form, I have read, understand and will abide by the First Assembly Christian School Internet Access Policy and Guidelines. I further understand that network access is a privilege designed solely for educational purposes and any violation of the Terms and Conditions or FACS policies may result in losing my child's access privileges, school disciplinary action and/or appropriate legal action against my child. I also understand that this consent document remains in effect until such time as my child leaves this school or I modify the permission, in writing.

Date: \_\_\_\_\_ Print: \_\_\_\_\_  
Mother or Legal Guardian Father or Legal Guardian

(Both Signature Required Where Applicable) Signature: \_\_\_\_\_  
Mother or Legal Guardian Father or Legal Guardian

As a user of the FACS computer network, I agree to comply with the terms, conditions, laws and restrictions, as they pertain to FACS' Network use and Internet Access Policy.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_



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## CONFIDENTIAL RECOMMENDATION FORM

I hereby authorize the release of the information requested on this form. \_\_\_\_\_  
Signature of Parent/Legal Guardian

Name of student candidate: \_\_\_\_\_ Grade Applying for: \_\_\_\_\_

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To: Teacher/Counselor/Principal/Pastor

The above named student is an applicant for First Assembly Christian School that offers K4 - 12<sup>th</sup> grade. In an effort to determine whether our facility can provide a successful academic experience for the candidate, we would appreciate you supplying the information requested below. We thank you in advance for assisting us in this endeavor and your prompt return of the completed form would be a great help to us. We would appreciate your observations about the candidate on the form below by checking the appropriate areas.

### Academic Ability

- Exceptionally promising
- Fine student
- Capable of passing work
- Marginal ability
- Questionable motivation
- Poor academic risk

### Initiative and Drive

- Outstanding
- Well above average
- Generally strong enough
- Occasionally weak or lacking
- Very weak

### Conduct and Neatness

- Outstanding
- Generally excellent
- Good or acceptable
- Marginal or unappealing
- Poor

### Integrity

- Exceptionally upright
- Noticeably upright
- Upright, no cause to question
- Weak or questionable
- Record of dishonesty

### Personal Qualities

- Outstanding young person
- Considerable appeal, generally quite strong
- Generally okay (no strengths or weaknesses)
- Immature
- Unstable, very immature

### Goals and Responsibility

- Takes responsibility
- Usually dependable
- Just "gets by"
- Little interest in education
- Unreliable

### Relationships

- Well liked
- Liked
- Tolerated
- Avoided by others

### Emotional Stability

- Exceptionally stable
- Well balanced
- Usually well balanced
- Excitable or unresponsive
- Hyper-emotional or apathetic

### Recommendation as a student

- Outstanding
- Excellent
- Good
- Fair
- Poor

### Recommendation as a person

- Outstanding
- Excellent
- Good
- Fair
- Poor

We would appreciate your response to the following questions as they relate to the applicant.

1. What do you think is the greatest strength of this student?
  
2. What do you think is the main shortcoming of this student, if any?
  
3. How do you view the student's ability to lead and influence others constructively?
  
4. Is the candidate in good standing and eligible to re-enter your school if you offer the next grade level? Yes\_\_\_\_ No\_\_\_\_
  
5. Has the candidate been involved with tobacco, alcohol, or drugs? Yes\_\_\_\_ No\_\_\_\_
  
6. Has the applicant any physical, social, or emotional limitations? Yes\_\_\_\_ No\_\_\_\_
  
7. Are the parents/guardians cooperative? Yes\_\_\_\_ No\_\_\_\_
  
8. Is the student's record with your school an accurate index of ability, or have outside circumstances interfered with academic achievement? (Illness, home situation, etc.)  
Yes\_\_\_\_ No\_\_\_\_
  
9. What suggestions can you give FACS to help this student be successful?
  
10. How long have you known the applicant? \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
School

\_\_\_\_\_  
Phone

Thank you for your help and cooperation in this matter. Please return the completed form as soon as possible.