

Admission Application

Please attach recent photo of applicant here.

STUDENT INFORMATION FOR FELLOWSHIP CHRISTIAN SCHOOL:

Applicant's Legal Last Name _____ First Name _____

Middle Name _____ Prefers to be Called _____

Age: _____ Birthdate: ____/____/____ Male _____ Female _____ Applying for Grade: _____ School Year: 20____ to 20____

Home Address: _____
Street _____ City _____ State _____ Zip _____ County _____

Subdivision (if applicable): _____ Home Phone: _____

Current School Attending: _____

Previous School Attended: _____ Grades: _____

Previous School Attended: _____ Grades: _____

Please check one: African American Asian Caucasian Hispanic Middle Eastern Native American
Other _____

If applicant has previously applied to FCS, please list for what grade _____ and what year _____

If there are other children in your family, please complete the following:

Name: _____ Age: _____ Grade: _____ Current School: _____ Applying to FCS? _____

Name: _____ Age: _____ Grade: _____ Current School: _____ Applying to FCS? _____

Name: _____ Age: _____ Grade: _____ Current School: _____ Applying to FCS? _____

Please list names of relatives or friends who have attended FCS.

CHURCH AFFILIATION:

Is your family active in a local church? Yes No

Denominational Preference: _____

Church: _____ City: _____

Please see back.

Parent Testimony

Fellowship Christian School is a covenant school serving Christian families. Please write a brief profession of your Christian faith, the growth and development of your faith, and your present walk. A written testimony should be included for both father and mother (or legal guardian) of the student applying for admission.

Father:

Mother:



Parent Questionnaire - Grades K4-twelfth

Applicant's Legal Last Name _____ First Name _____ Middle Name _____ Name Preferred _____

Age: _____ Date of Birth: ____/____/____ Gender _____ Applying for Grade: _____ Fall/Spring, 20 _____

Home Phone: _____

PARENTS: Please complete the following questions regarding the applicant.

1. Please list the applicant's hobbies and interests.

2. Please list awards or recognition the applicant has received for school, church, or extracurricular activities.

3. Please list the applicant's extracurricular involvement.

4. Is the applicant currently taking prescription medication? Yes No

Type of medication: _____

Condition for which medication is being taken: _____

5. Please indicate the applicant's general state of health: Excellent Good Fair Poor

6. Please list the applicant's particular strengths and weaknesses.

Strengths: _____

Weaknesses: _____

7. Do any of the apply to the applicant?

YES NO

	YES	NO
Missed more than 8 days of school in a year?		
Suspended, expelled, or asked to withdraw from any school?		
Used an illegal drug/substance or alcohol?		
Referred for or received professional, psychological, or personal counseling?		
Attended summer school or received tutoring due to academic difficulties?		
Held back a grade?		
Diagnosed with a learning disability or ADHD?		
Ever had an IEP?		
Arrested or charged with illegal activity?		

If "Yes" was answered to any of the above questions, please attach a separate sheet giving an explanation.

Mother's Signature _____ Date _____

Father's Signature _____ Date _____

Confidential Teacher Evaluation K4 - fifth

TO BE COMPLETED BY THE APPLICANT

Family Name: _____ Student Applying: _____

Applying for Grade: _____ Date: _____ Teacher's Name: _____

TO THE EDUCATOR: The above named student has applied to Fellowship Christian School. We would greatly appreciate your answering this evaluation. Your comments will be held in strictest confidence. Within 7 days, please return to FCS in the envelope provided. Help us protect the confidentiality of this document by signing across the seal of the envelope.

Academic Characteristics	Excellent	Above Average	Average	Below Average	Not Applicable
Academic Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attention Span	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows Directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Study Habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mathematic Skill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading Skill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Listen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Characteristics					
Reaction to Correction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation w/Peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Honesty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kindness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obedience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Courage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Work in Groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect for Authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explanation of marks for "Below Average." Please be detailed in your comments.

List Academic or Personal Trait:	Comment:

Please see back.

CONFIDENTIAL TEACHER EVALUATION K4 - FIFTH

1.) In what capacity and how long have you known the applicant?

2.) Has the applicant ever been suspended or expelled? Yes No If yes, explain:

3.) To your knowledge, has the student had any history of conduct or behavior problems? Yes No
If yes, explain:

4.) Does the applicant have any history of learning disability or has he/she required any special help to meet academic requirements? Yes No If yes, explain:

5.) Is this student on grade level academically? _____

6.) In your opinion, what has been the parent's response to correction of their student?

Supportive Neutral Defensive Argumentative N/A

7.) I recommend this applicant for admission:

Strongly Moderately With Reservation I do not recommend this applicant

Please add any additional information which might be helpful.

Name (please print): _____

School Name: _____

Position/Subject Area: _____

Signature: _____ Date: _____

Confidential Family Evaluation Grades K4 - fifth

TO BE COMPLETED BY THE APPLICANT

Family Name: _____ Student Applying: _____

Applying for Grade: _____ Date: _____ Pastor's Name: _____

TO THE MINISTRY LEADER:

The above named student has applied to Fellowship Christian School. We would greatly appreciate you completing this evaluation. Your comments will be held in strictest confidence. Within 7 days, please return to FCS in the envelope provided. Help us protect the confidentiality of this document by signing across the seal of the envelope.

1. How long have you known this family? _____

2. What is that applicant's relationship to the church?

- Church Member, Actively Involved
- Regular Attender, Actively Involved
- Church Member, Occasionally Involved
- Regular Attender, Occasionally Involved
- Rarely Attends or Involved

3. Please circle the following areas based on a 1-5 scale. (Five being the best.)

Participation in church sponsored activities	5	4	3	2	1
Attitude toward church leaders/authority	5	4	3	2	1

4. In your opinion, what spiritual gifts have you observed in this family's life?

Father: _____

Mother: _____

5. What words or phrases come to mind when describing the applicant's family?



Signature: _____

Print Name: _____

Name of Church: _____

Position: _____ Date: _____

Fellowship Request for Records



In compliance with federal regulations regarding the privacy rights of parents and students under *The Family Educational and Privacy Act of 1974*, the undersigned hereby consents to the release to Fellowship Christian School of all educational, social, and/or psychological information for the student named below. All information received is considered confidential.

Authorization and Permission to Release Medical, Educational,
Disciplinary, and/or Psychological Information

TO PARENTS: PLEASE COMPLETE AND SUBMIT TO THE APPLICANT'S SCHOOL(S).

First, Middle, Last Name: _____

Grade: _____ School: _____

Address of School: _____

_____ Phone of School: _____

TO PRINCIPAL OR GUIDANCE COUNSELOR:

Thank you for providing **all** of the following documents:

- ✓ Transcript for all grades including most recent
- ✓ All standardized test results including most recent
- ✓ Any special testing results or placement in special programs
- ✓ Certificate of Immunization Form 3231 and Ear, Eye & Dental Screening Form 3300
- ✓ All disciplinary records or official statement of disciplinary action

Parent Signature: _____ Date: _____

Discipline Report

Student: _____

School: _____

In addition to this form, you may include a full discipline report.

___ 1. Student has a clear discipline record.

___ 2. Student has been suspended.
Offense and Explanation:

___ 3. Student has been expelled.
Offense and Explanation:

Discipline Infractions: (Please list infractions for which students received disciplinary action.)

Comments:

In regard to discipline, would you allow this student to return to your school? If not, why.

Verified by: _____ Date: _____

