

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 _____

Applicant Questionnaire sixth - twelfth

Applicant's Legal Last Name _____ First Name _____ Middle Name _____ Name Preferred _____
Age: _____ Date of Birth: ____/____/____ Gender _____ Applying for Grade: _____ Fall/Spring, 20 _____
Current School: _____ Home Phone: _____

STUDENTS: Please answer the following questions as thoughtfully as possible. We ask for your answers and opinions, not those of others. Please use your own handwriting.

1. Which subject(s) do you enjoy the most? Which do you enjoy the least? Please explain.
2. How much time do you spend on homework each night?
3. Describe your favorite activities and hobbies.
4. Describe in one or two paragraphs how you came to know Christ personally. Please attach additional sheets if necessary.
5. How does your relationship with Christ affect your daily life?
6. What do you do to strengthen your relationship with the Lord?
7. Are you currently active in a church youth group? If so, describe the group and how you participate.

Please see back.

Confidential Teacher Evaluation sixth - twelfth

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 Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Work Ethic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude	<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"/>
Relationship with Peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Confidence	<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"/>
Emotional Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Response to Correction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spiritual Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sense of Humor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appropriate Conduct and Language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Work Well with Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship with Family Members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parental Involvement	<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 SIXTH - TWELFTH

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

2.) Please name one strength and one weakness of the applicant:

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

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

5.) 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:

6.) Is the student on grade level academically? _____

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

Supportive Neutral Defensive Argumentative N/A

8.) 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 Ministry Leader Evaluation - sixth - twelfth

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 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.

Personal Characteristics	Excellent	Above Average	Average	Below Average	Not Applicable
Attitude	<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"/>
Relationship with Peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Confidence	<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"/>
Emotional Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaction to Criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Response to Correction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spiritual Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sense of Humor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appropriate Conduct and Language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Work Well with Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conduct in Groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship with Family Members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parental Involvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please see back.



CONFIDENTIAL MINISTRY LEADER EVALUATION - SIXTH - TWELFTH

What is the applicant's relationship to the church?

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

1. In which area(s) is this student likely to be successful?

2. In which area(s) do you feel this student needs improvement?

3. Are there personal or family problems this student has or is experiencing?

4. Describe ways the applicant contributes to your church, ministry, or organization.

I have known the applicant for _____ years.

Ministry Leader's Name (please print): _____

Church or Ministry Name: _____ Position: _____

Signature: _____ 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: _____

