

## MISSION STATEMENT

The mission of Fellowship Christian Academy is to provide a superior education in a nurturing Christian environment that enables children to reach their highest academic potential and apply a Biblical worldview to every area of life.



APPLICATION

# FELLOWSHIP CHRISTIAN ACADEMY SCHOOL PROFILE

## THE SCHOOL

Fellowship Christian Academy was founded in 1984 by Oak Cliff Bible Fellowship Church, under the leadership of Dr. Tony Evans, President and Founder.

## ACCREDITATION/MEMBERSHIPS/LICENSES

The school is accredited by the Association of Christian Schools International (ACSI), the Southern Association of Colleges and Schools (SACS) and licensed by the Texas Department of Protective and Regulatory Services.

## STUDENT BODY

(2009-2010 School Year)

Middle School: Grades 7 - 8	19
Elementary: Grades Kindergarten - 6	172
Preschool: Ages 18 months - 4 years	247
After School Program	96

*Texas Cities Represented:* Arlington, Balch Springs, Bedford, Cedar Hill, Coppell, Dallas, DeSoto, Duncanville, Ennis, Flower Mound, Forney, Glen Heights, Grand Prairie, Hutchins, Irving, Lancaster, Mansfield, Mesquite, Oak Leaf, Ovilla, Palmer, Red Oak, Richardson, Rockwall, Waxahachie

## FACULTY

The College Preparatory faculty consists of 17 full-time teachers of whom 5 hold a Master's degree. The average tenure of our faculty is 6 years.

The Preschool staff consists of 18 lead teachers who hold a child care license and 10 educational support staff. The average tenure is eight years.

## AFTER SCHOOL PROGRAM (ASP)

Our staff consists of responsible and caring adults who love children and can provide support and guidance with adequate supervision. Nutritional snacks are provided when the children arrive at the facility. We provide excellent resources, such as a library, access to computers and sports. The activities are exciting and challenging as well as age-appropriate and participants have fun while they learn. We coordinate group and individual learning experiences so that your child can benefit as much as possible. We coordinate school calendars to provide care during student holidays and designated school closings. A variety of field trips are provided during all-day care.

## SCHOOL CONTACT INFORMATION

1808 W. Camp Wisdom Rd.

Dallas, TX 75232

(T). 214-672-9200

(F): 214-672-9201

E-mail: [FCA@ocbfchurch.org](mailto:FCA@ocbfchurch.org)

Web-site: [www.fcasoars.org](http://www.fcasoars.org)

Igniting a brighter future in academic excellence

## FACILITIES/CAMPUS

172,000 square foot multipurpose facility located in South Dallas is located 12 minutes from Dallas Love Field Airport and 35 minutes from DFW International Airport.

- School library contains more than 5,000 books
- In addition to classrooms, FCA is equipped with a science lab, 2 Computer Labs (5 Smart Boards), a Youth Chapel (theatre), a \$4 million Youth Center with a recording studio, café and game room and a Fine Arts Wing with band/choir room, and (2) sound proof music practice rooms.
- Two full basketball/volleyball courts
- Circular atrium

## VISIT THE CAMPUS

The best way to learn about FCA is to visit the school and experience the campus firsthand. Tours are conducted by appointment on Tuesdays and Thursdays and typically it takes between 30-45 minutes. We ask that both parents and/or guardians attend when possible.

## ADMISSION PREVIEWS

The Prospective Families' Open House is a scheduled evening event held from 6:00 p.m. - 8:00 p.m. Faculty and staff is available to answer questions regarding curriculum, extra-curricular activities, tuition, and the enrollment process.

In addition, parents/guardians are invited to attend "Explore FCA" an event designed to provide the family or child the opportunity to experience the school more in depth by allowing them to sit in classrooms with current students.

## FCA TESTING DATES

Testing is held on Tuesdays at 8:45 a.m. and 12:45 p.m. Parents must submit a completed application prior to scheduling testing.

**All new students entering grades one through eight must score at the 60<sup>th</sup> percentile or above in reading and math on the Stanford 10 Achievement and kindergarten students must score at the 50<sup>th</sup> percentile or above on the Stanford 10 Achievement Test in order to be accepted as a student at FCA.**

## PARENT INTERVIEWS

Parent interviews are required as part of the admissions process. **Preschool children applying must be present for the interview.** Interviews for K-8 grade parents are held on Wednesdays. Student attendance during interview is optional for K-8<sup>th</sup> grade students.

# APPLICATION INFORMATION & INSTRUCTIONS

Fellowship Christian Academy is pleased that you are applying for admissions. FCA encourages candidates to complete the application and admissions requirements well before April 30<sup>th</sup>. Please feel free to call the Office of Enrollment at 214.672.9200 ext. 4176 or via e-mail: [fca@ocbfchurch.org](mailto:fca@ocbfchurch.org), should you have any questions during the admissions process.

All acceptances are made by the Admissions Committee which meets periodically throughout the course of the year. Admission application responses include acceptance, probationary, and denied at this time. Fellowship Christian Academy does not keep a waiting pool.

## **Mission Statement**

The mission of Fellowship Christian Academy is to provide a superior education in a nurturing Christian environment that enables children to reach their highest academic potential and apply a Biblical worldview to every area of life.

## **Our Philosophy**

The FCA philosophy supports channeling energies to promote high academic standards while helping students develop skills in creative and critical thinking and problem solving while providing the best integrated curriculum available. The ultimate goal of our instructional program is to enable preschool students to be prepared to be admitted to the K-8 academy. As well as enable K-8 students to successfully pursue entrance to any accredited high school college preparatory program.

## **Non-Discriminatory Policy**

Fellowship Christian Academy admits students of any race, color, nationality, and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. FCA does not discriminate on the basis of race, color, nationality and ethnic origin in administration of its' educational policies, admissions policies, financial aid program, and athletic and other school-administered programs.

## **Evaluation Criteria**

All students in preschool through eighth grade who are seeking admission to FCA are evaluated based upon the outlined admission criteria. All **preschool students through grade 8** and parents/guardians are required to interview with the respective school representative (the child must be present at time of the interview for preschool). **Preschool prospective students** are not tested. **All new students entering grades one through eight must score at the 60<sup>th</sup> percentile or above in reading and math** on the Stanford 10 Achievement Test and **kindergarten students must score at the 50<sup>th</sup> percentile or above** on the Stanford 10 Achievement Test in order to be accepted as a student at FCA.

## **Submit the Application Form (Including checklist materials)**

Please submit the application and required documentation for admissions in a single, oversized envelope to Fellowship Christian Academy, Attn: Director of Enrollment, 1808 W. Camp Wisdom Road., Dallas, Texas 75232.

A \$50 nonrefundable application processing fee (money order or cashier's check / no personal checks) per applicant payable to FCA must be placed in the **Tuition Box** outside of the front office. Please do not mail this payment with your application packet. Incomplete applications for admissions will not be considered (the application is not considered complete without the application processing fee of \$50 per applicant. It is the responsibility of the parent/guardian to complete the admissions requirements outlined in the checklist.

## **Schedule Testing**

FCA is a Preschool through grade 8 educational institution.

- Preschool applicants are not required to be tested, however the application is evaluated as a whole.
- Kindergarten through grade 8 applicants are tested via the Stanford Achievement Test (SAT) entrance examination.

# APPLICATION INFORMATION & INSTRUCTIONS (CONTINUED)

## **School Records and Testing**

Parents of applicants for grades **K through 8** must have the students' current school send copies of all pertinent records, including current and previous years' grades and/or comments to FCA. Parents **must give** the **Records Release Form** to an official at the applicant's current school. The appropriate person in the office of the registrar then submits the complete school record to FCA.

## **Parent/Guardian Interview**

Parent interviews are required as part of the admissions process and we ask that both parents and/or guardians attend when possible. If the child is applying for **preschool, the child must be present for the interview**. For K-8 students, it is up to the parents' preference, if the student is present or not for the interview. A Parent/Guardian Interview with the Principal, Counselor, or other designated Faculty Member must be scheduled with the Director of Enrollment.

## **Registration Deadlines & Notification Dates**

Applicants must register with the Director of Enrollment for available Testing and Parent/Guardian Interview Dates.

FCA encourages candidates to complete the application and admissions requirements well before April 1<sup>st</sup>. Applications received after April 1<sup>st</sup> are welcome and are considered on acceptance and space-available basis.

The Admissions Committee will meet and evaluate test scores (not required for preschool) and all other pertinent documents and information submitted for review as a part of the admissions process. Once the committee reaches a decision regarding acceptance of a student, the parents/guardians will be notified. This notification will be made by letter within two weeks of the official interview.

## **Tuition Policy**

Upon notification, parents/guardians of accepted students will be scheduled to meet with the Financial Service Office to enroll in one of three payment options: (1) Monthly payment through **SMART TUITION** (2) Annual payment to FCA and (3) Semi-Annual payment to FCA. In preparation to meet with the Financial Service Office, parents/guardians are asked to bring a money order or cashier's check (**no personal checks**) for registration, academic materials, and activity fees. **Tuition payments** begin **August 2<sup>nd</sup>**. (*Please refer to tuition/financial policies for further details outlined in the Financial Information Sheet.*) Please note that **enrollment into FCA is not complete until cleared by the Financial Service Office.**

# CHECKLIST

The following items must be read, completed, signed, and received in our office at the time of application to be considered for admissions for the 20\_\_\_\_\_ — 20\_\_\_\_\_ academic school year.

## READINGS (To be retained by parent/guardian)

- Mission Statement
- Philosophy
- Enrollment Process
- Tuition Policy

## FORMS

### PRESCHOOL, ELEMENTARY AND MIDDLE SCHOOL

\*Completed forms/required information **must be submitted** prior to the **Testing and Parent/Guardian Interview**.

- Application for Admission
- \$50 Application Processing Fee (**No personal checks**)
- Parent Questionnaire
- Student Questionnaire (3 through 8 grade applicants only)
- Parent, Student, Teacher Contract
- Photography Release Form
- Internet Use Agreement
- Field Trip Permission Form
- Parent Consent and Release
- Permission for Emergency Healthcare/Activities Form
- Medical Information Form (**Preschool Only**)
- Emergency Contact Form
- Student Records Release Form
- \*Reading Teacher's Student Evaluation Form
- \*Mathematic Teacher's Student Evaluation Form from the student's current school
- \*Principal/Counselor's Student Evaluation Form from the student's current school  
(\*Please note that both the Teacher and Principal/Counselor evaluation forms must be submitted by an official from the students' current school.)
- Enrollment Contract
- I have scheduled Parent Interview with the Enrollment Office. Appointments must be scheduled.

### COPIES NEEDED FROM PARENT/GUARDIAN

- Birth Certificate
- Social Security Card
- Current Immunization Record
- Proof of Health Insurance Coverage (See Parental Authorization, Consent, & Release)
- Previous and/or Current School Year Report Card (Not applicable to preschool)
- Previous and/or Current School Year Test Scores (Not applicable to preschool)
  
- Yes, I have read, completed and returned all of the required forms and fees.

*Parents, your child will not be considered for admissions until all of the above forms are completed and received and all applicable fees have been paid in full.*

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Signature of Parent or Guardian

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Date





# APPLICATION FOR ADMISSIONS (CONTINUED)

## **Guardian or Parent / Father**

(PLEASE PRINT CLEARLY)

Full Name: \_\_\_\_\_ State D.L. / I.D. #: \_\_\_\_\_  
(Last) (First) (Middle)

Home Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation / Position: \_\_\_\_\_

Business Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Business Phone #: \_\_\_\_\_ Hours: \_\_\_\_\_

Step Father's Full Name - (if applicable): \_\_\_\_\_ State D.L. / I.D. #: \_\_\_\_\_

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## **Guardian or Parent / Mother**

(PLEASE PRINT CLEARLY)

Full Name: \_\_\_\_\_ State D.L. / I.D. #: \_\_\_\_\_  
(Last) (First) (Middle)

Home Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation / Position: \_\_\_\_\_

Business Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Business Phone #: \_\_\_\_\_ Hours: \_\_\_\_\_

Step Mother's Full Name - (if applicable): \_\_\_\_\_ State D.L. / I.D. #: \_\_\_\_\_

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To what other schools is this child applying? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has applicant applied to Fellowship Christian Academy prior to this year  Yes  No what grade(s)? \_\_\_\_\_

Has diagnostic testing been recommended?  Yes  No by whom? \_\_\_\_\_

# APPLICATION FOR ADMISSIONS (CONTINUED)

Other children in family (please give names, ages, school they are currently enrolled in).

1. Name: \_\_\_\_\_  
(Last) (First) (Middle)

Age: \_\_\_\_\_ School: \_\_\_\_\_

2. Name: \_\_\_\_\_  
(Last) (First) (Middle)

Age: \_\_\_\_\_ School: \_\_\_\_\_

3. Name: \_\_\_\_\_  
(Last) (First) (Middle)

Age: \_\_\_\_\_ School: \_\_\_\_\_

Are any of these children applying to FCA? \_\_\_\_\_

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## Paternal Grandparent's Name(s) and Address:

Grandmother's Name: \_\_\_\_\_  
(Last) (First) (Middle)

Home Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Grandfather's Name: \_\_\_\_\_  
(Last) (First) (Middle)

Home Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

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## Maternal Grandparent's Name(s) and Address:

Grandmother's Name: \_\_\_\_\_  
(Last) (First) (Middle)

Home Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Grandfather's Name: \_\_\_\_\_  
(Last) (First) (Middle)

Home Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

# APPLICATION FOR ADMISSIONS (CONTINUED)

How did you hear about FCA?

Website     Newspaper     Radio     Billboard

OCBF Member (Name): \_\_\_\_\_

Parent(s) of FCA Student: Parent & Student Names: \_\_\_\_\_

Other: Who may we thank for the recommendation? *(Please provide name and mailing address)*

Name: \_\_\_\_\_  
*(Last) (First) (Middle)*

Home Address: \_\_\_\_\_  
*(Street) (City) (State) (Zip Code)*

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## **Church Information** (PLEASE PRINT CLEARLY)

Are you a member of OCBF? \_\_\_Yes \_\_\_No

If, not, name of local church where you are a member or in current fellowship (give name and location):

Church Name: \_\_\_\_\_

Church Address: \_\_\_\_\_  
*(Street) (City) (State) (Zip Code)*

With what ecclesiastical body is this church affiliated with? \_\_\_\_\_

If you have attended this church less than one year, where were you attending before and for how long?

Church Name: \_\_\_\_\_

Church Address: \_\_\_\_\_  
*(Street) (City) (State) (Zip Code)*

**Reminder:** A \$50 non-refundable application processing fee should accompany the completed application.

# PARENT QUESTIONNAIRE

(PLEASE PRINT CLEARLY)

Student's Full Name: \_\_\_\_\_  
(Last) (First) (Middle)

Grade for Which Student is Applying: \_\_\_\_\_

**Please answer the questions below to enable us to better understand your child.**

What are your child's greatest strengths? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your child's greatest challenges? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your child's special interests? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe your child's relationship with his/her peers. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child receive any tutoring or academic enrichment outside of the classroom? Yes  No

If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is your child's most difficult subject? Why? **(For K-8 Only)** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# PARENT QUESTIONNAIRE (CONTINUED)

Is your child open to discipline? Does your child have problems obeying rules and/or following school policies relative to discipline issues? Please explain. \_\_\_\_\_

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If you have additional information that would assist the committee in making the correct decision relative to whether or not FCA is the best environment for your child, please feel free to include it on the back of the questionnaire or attach an additional sheet of paper.

I understand that withholding or misrepresenting information requested in this questionnaire may jeopardize my child's opportunity to be admitted to FCA. My signature below affirms that all of the information contained in this application is correct, complete, and truthfully presented.

**To the Parents(s)/Guardian(s): Please read and sign the statement below.**

I acknowledge that by signing below I waive my right to read the confidential teacher evaluation and school report for the aforementioned candidate. I understand that this information will not become part of his/her permanent file, nor will this information be forwarded to any other institution without my prior written approval.

\_\_\_\_\_  
*Signature of Father or Guardian*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Mother or Guardian*

\_\_\_\_\_  
*Date*

# GRADES 3- 8 STUDENT QUESTIONNAIRE

(To be completed by applicants entering Grades 3-8)

(PLEASE PRINT CLEARLY)

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

Applying for GRADE: \_\_\_\_\_

In your own handwriting, please answer the following questions so that we may better know you. Write your responses in complete sentences.

1. What is your favorite academic subject? Why? \_\_\_\_\_

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2. What is your least favorite academic subject? Why? \_\_\_\_\_

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3. What is your favorite book? Why? \_\_\_\_\_

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4. Tell us what qualities you most value in your friends. \_\_\_\_\_

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5. Tell us about something that is very important to you. \_\_\_\_\_

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# GRADES 3- 8 STUDENT QUESTIONNAIRE (CONTINUED)

6. Why are you interested in attending FCA? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please list all activities below that you have participated in.**

The Arts (dance, singing, drama, etc.):

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Math/Science:

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Community Service:

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Athletics:

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Other:

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# PARENT, STUDENT AND TEACHER CONTRACT

Fellowship Christian Academy administrators, teachers, and support staff are committed to providing each student with an education of excellence in all aspects of development spiritually, academically, physically, and emotionally. We join with parents and students in pursuit of optimal success in each student's educational program. To assure that we are committed to an inclusive, collaborative involvement in each student's educational and spiritual growth, it is necessary for each of us to read and sign the entrance contract, acknowledging that we are in agreement with its terms.

As an educational partner for \_\_\_\_\_, I agree with and will support the following: *(Student's Name) PLEASE PRINT*

## PARENT

- (1) I will support the goals and mission of Fellowship Christian Academy.
- (2) According to attendance guidelines, students must attend school everyday unless ill; therefore, I agree to send my child to school every day, on time and prepared to work, acknowledging that consistent attendance is directly related to the academic and spiritual success of my child. I will adhere to the rules relative to tardiness and its consequences.
- (3) I am aware of the school rules and I will support and reinforce them. I will ensure that my child abides by the rules. These rules include:
  - To wear the correct school uniform daily, realizing that he/she will be sent home immediately to change if in violation of the dress code.
  - To adhere to all rules of discipline, realizing that he/she will suffer the consequences according to school policy if any of the rules are broken or violated. Certain violations can result in immediate expulsion. (Note specific rules of discipline in the school handbook.)
  - To treat fellow students, staff, administrators and parents with respect. Verbal and/or physical abuse of any type will not be tolerated.
- (4) To promote good discipline and high standards regarding homework, I will require responsible homework habits for my child by providing a specific time, materials, and a quiet place for completion of homework assignments. I further agree to constantly monitor homework assignments and see that it is completed and submitted to the teacher at the required time it is due. I also agree to communicate with the teacher regarding any concerns that my child or I may have about the homework.
- (5) I will communicate frequently with my child's teacher regarding progress, concerns, questions, etc., and I will attend at least one parent-teacher conference and all other conferences if possible.
- (6) I will join Parent Teacher Fellowship (PTF) and/or attend at least two meetings per year; I will attend more, if possible.
- (7) I will assist the classroom teacher as a volunteer by working in the room for a minimum of 4 hours per year, serving as a room parent for class activities, or attending field trips; if working and unable to volunteer during school hours, I will provide comparable service through donations for needed materials, classroom activities, etc.

## STUDENT

- (1) I will support the goals and mission of Fellowship Christian Academy.
- (2) I will complete all homework assignments and submit them during the required timeframe.
- (3) I will always put forth my best effort in pursuit of academic excellence and spiritual growth.
- (4) I will obey all school rules and remain positive and respectful of others to include teachers, classmates, and parents.
- (5) I will represent FCA with a responsible, caring Christian spirit at school, on field trips, at competitive events and at all other activities both on campus and off campus, exemplifying the standards and expectations of students at FCA.

# PARENT, STUDENT TEACHER CONTRACT (CONTINUED)

## TEACHER

- (1) I will support the goals and mission of Fellowship Christian Academy.
- (2) I will provide a quality curriculum that will mirror current best teaching practices.
- (3) I will provide quality instructional strategies, materials, and activities to meet the individual needs of your child.
- (4) I will provide a nurturing, caring environment and strive to exemplify Christian principles at all times as we foster academic, spiritual, emotional, and physical growth.
- (5) I will communicate openly with students and parents regarding their educational progress, successes, and challenges.
- (6) I will provide extra tutoring, a minimum of two hours weekly when needed.
- (7) I will work closely with parents through conferences, volunteer work, field trips, parties, etc.
- (8) I will attend a minimum of three Parent Teacher Fellowship (PTF) meetings yearly.

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*Signature of Father or Guardian*

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*Date*

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*Signature of Mother or Guardian*

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*Date*

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*Signature of Student (Preschooler signature not required)*

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*Date*

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*Signature of Teacher*

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*Date*

# PHOTOGRAPHY RELEASE FORM

Dear Parent or Guardian,

Throughout the school year, Fellowship Christian Academy (FCA) includes photographs of individual students or student group activities in its promotional and informational publications, on the Oak Cliff Bible Fellowship (OCBF) and/or FCA website, and occasionally in video presentations. We may also work with area newspapers and television stations on news and feature stories of interest. These media outlets may photograph or videotape students involved in school-related activities. Occasionally other entities, such as the Chamber of Commerce or other local, state and national organizations, may contact us and ask for pictures to use in various formats.

For valuable consideration received, you hereby irrevocably grant to Oak Cliff Bible Fellowship and its affiliates (Project Turn Around, The Urban Alternative, and Fellowship Christian Academy) perpetually, exclusively, and for all media throughout the world (including print, non-theatrical, home video, CD-ROM, internet and any other electronic medium presently in existence or invented in the future), the right to use and incorporate (alone or together with other materials), in whole or in part, photographs or video footage taken of your child as a result of his/her participation in approved activities at OCBF and affiliates solely for the purposes of Oak Cliff Bible Fellowship and affiliates' promotional materials and publication, and waive any rights of compensation or ownership thereto.

In an effort to respect parent and guardian wishes regarding the use of your child's photo, **we ask that you read the photo release form below, indicate your preference, and sign and return this document.**

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- I understand that, on occasion, photographs may be taken of my child while involved in school or extracurricular activities at Fellowship Christian Academy.
- I hereby consent to and grant permission for the below-referenced child to be photographed and/or videotaped at Fellowship Christian Academy a ministry of Oak Cliff Bible Fellowship, Dallas, Texas. I understand that photos may be used, reproduced, and/or published (i.e., newspapers, catalogs, magazines, video, website, text panels, displays, or other publications) for the promotion of Fellowship Christian Academy. Photos may also be used for educational or informational purposes regarding the programs or curriculum at Fellowship Christian Academy School, including use for instruction, promotion, advertising, and public relations with or without reference to said student's name. **Photos will not be sold or reproduced for sale in any form.**
- I hereby agree that I will not bring or consent to others bringing claim or action against Oak Cliff Bible Fellowship and affiliates on the grounds that anything contained on the property, or in the advertising and publicity used in connection herewith, is defamatory, reflects adversely on me, violates any other right whatsoever, including, without limitation, rights of privacy and publicity. I hereby release Oak Cliff Bible Fellowship and affiliates, its directors, officers, successors, and designated personnel from and against any and all claims, demands, actions, causes of actions, suits, costs, expenses, liabilities, and damages whatsoever that you may hereafter have against OCBF and affiliates in connection with the property.
- I DO NOT want photographs taken of my child for public relations purposes.**

I hereby certify that I am the legal parent or guardian for the below-referenced child/children.

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*Child's Name*

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*2011-2012 Grade*

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*Signature of Parent or Guardian*

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*Date*



# INTERNET USE AGREEMENT

- I understand that Internet access is designed for educational purposes and that the school will attempt to discourage access to objectionable material and communications that are intended to exploit, harass, or abuse students. However, I recognize it is impossible for Fellowship Christian Academy to restrict access to all objectionable material, and I will not hold Fellowship Christian Academy responsible for materials acquired or contacts made on the Internet.
- I understand that a variety of inappropriate and offensive materials are available over the Internet and that it may be possible for my child to access these materials if he/she chooses to behave irresponsibly. I also understand that it is possible for undesirable or ill-intended individuals to communicate with my child over the Internet, that there is no practical means for the school to prevent this from happening, and that my child must take responsibility to avoid such communications if they are initiated. While I authorize the staff to monitor any communications to or from my child on the Internet, I recognize that it is not possible for the school to monitor all such communications. I have determined that the benefits of my child having access to the Internet outweigh potential risks.
- I understand that any conduct by my child that is in conflict with these responsibilities is inappropriate, and such behavior may result in the termination of access and possible disciplinary action.
- I have reviewed these responsibilities with my child, and I hereby grant permission to the school to provide Internet access.

**YES**, as the parent or guardian of \_\_\_\_\_, I have read the Internet Use Agreement. I understand that access to the Internet is designed for educational purposes only. However, I also recognize it is impossible for Fellowship Christian Academy to restrict access to all controversial materials, and I would not hold them responsible for material acquired on the network. Further, I accept full responsibility for supervision if and when my child's use is not in a school setting.

\_\_\_\_\_  
*Signature of Parent or Guardian*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Print Name*

**NO**, as the parent or guardian of \_\_\_\_\_, I do not want my student to have access to the Internet.

\_\_\_\_\_  
*Signature of Parent or Guardian*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Print Name*



# FIELD TRIP – PERMISSION SLIP

Field Trips have been planned for the entire 2011-2012 academic school year. The method of transportation will be by school or county vans/buses. Students will leave the school property after 8:30 a.m. with their classmates and teacher, and return on or before 2:30 p.m. the same day, unless otherwise notified.

Parents will be notified one week prior to any scheduled field trip. Reminder notices will be sent home the day before the trip with specific instructions for lunch procedures, dress and/or fees.

\_\_\_\_\_ has permission to go on all school sponsored  
(Child's Name)  
field trips during the 2011-2012 academic school years.

**I/We**, the parents of the above named student, in consideration of the Fellowship Christian Academy Board agreeing to take my/our child on said school-sponsored field trips, hereby give my/our approval to his/her participation. **I/We** assume all risks and hazards incidental to such participation. **I/We** do hereby waive, release, absolve, indemnify and agree to hold harmless Fellowship Christian Academy, its employees, organizers, sponsors, supervisors, administrators, participants, and persons transporting my/our child to and from such field trips, from any claim arising out of an injury to my/our child, and claimed to be caused in whole or in part by any negligence or negligent act or omission by Fellowship Christian Academy or the classes or persons above named.

**I/We** understand that normal disciplinary and safety procedures will be followed from the time of departure from the school until the time of arrival back at the school.

In the event accident, injury, or illness necessitates medical attention, FCA staff is specifically authorized to obtain medical attention as their judgment shall determine necessary.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
*Signature of Father or Guardian*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Mother or Guardian*

\_\_\_\_\_  
*Date*



# PARENT, AUTHORIZATION, CONSENT, & RELEASE

(PLEASE PRINT CLEARLY)

I, \_\_\_\_\_, am the parent or legal guardian of  
(Parent/Guardian's Name)

\_\_\_\_\_, who was born on \_\_\_\_\_  
(Child's Name) (Child's Birth Date)

I warrant that I possess all the rights, powers, and privileges of a parent or legal guardian necessary to execute this document with binding legal effect.

As the parent or legal guardian of \_\_\_\_\_, I certify and affirm that I have been completely and thoroughly informed that as a youth attending Fellowship Christian Academy, my child will participate in certain activities which carry with them a degree of risk and danger.

Examples of risky and dangerous activities include, but are not limited to:

1. *physical activities, both indoors and outdoors*
2. *sports, both informal and organized*
3. *use of recreational equipment*
4. *field trips, both on and off campus*
5. *travel by automobile*
6. *activities around water, including swimming and boating*
7. *hiking and camping*

I acknowledge and understand that Fellowship Christian Academy may offer other activities not listed above that present similar risks and dangers to my child.

I consent to my child's participation in these activities. I acknowledge and understand that this PARENTAL AUTHORIZATION, CONSENT, AND RELEASE have the same force and effect regardless of whether the activities engaged in are free or if a fee is charged.

Further, I personally assume, on my child's behalf, all risks in connection with said activities for any harm, injury or damages that may befall my child as a result of my child's participation in the activities, whether foreseen or unforeseen, and I still wish to allow my child to proceed with the activities.

In consideration of my child being allowed to participate in these activities and to use Fellowship Christian Academy's equipment and facilities, on behalf of my child, I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Fellowship Christian Academy from any and all claims, demands, or causes of action, which are in any way connected with my child's participation in these activities or use of Fellowship Christian Academy's equipment and facilities.

In cases of emergency, I further consent to the examination or treatment of my child by a physician duly licensed to practice medicine in the State of Texas or any health care professional duly licensed to provide health care services in the State of Texas for medical care and services deemed necessary by Fellowship Christian Academy, its agents, servants, and employees.

I give permission to the Doctor or health care professional to provide any and all medical care they deem, in their professional opinion, to be necessary.

# PARENT, AUTHORIZATION, CONSENT, & RELEASE (CONTINUED)

I agree to pay for any and all medical expenses incurred as a result of the use of this consent and further represent that my child is fully covered under my health insurance policy or the health insurance policy of his/her other parent and that **a copy of this insurance policy is hereby attached**. I understand that my child will not be allowed to participate in any of the aforesaid activities without proof of said insurance.

I understand that it is my obligation to inform the management of Fellowship Christian Academy of any and all health considerations or medical conditions that would restrict my child's participation in any and all activities while at Fellowship Christian Academy

Should the need for medical attention arise, Fellowship Christian Academy will attempt to contact the parent/legal guardian as soon as possible.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my child's participation in these activities, I may be found by a court of law to have waived my right to maintain a lawsuit against Fellowship Christian Academy on the basis of any claim from which I have released them herein.

I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

I have fully informed myself of the contents of this PARENTAL AUTHORIZATION, CONSENT, and RELEASE by reading it before I signed it.

---

*Signature of Parent or Guardian*

---

*Date*

---

*Print Name*

# PERMISSION FOR EMERGENCY HEALTH CARE/ACTIVITIES FORM

(PLEASE PRINT CLEARLY)

Student's Full Name: \_\_\_\_\_  
(Last) (First) (Middle)

Date of Birth: \_\_\_\_\_ Gender:  Male  Female Grade: \_\_\_\_\_

**EMERGENCY CARE:** In the event of an emergency in which I cannot be reached, the physician listed below and the local hospital are hereby authorized to provide any emergency care deemed necessary for my child(ren).

1. Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

2. Child's Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

3. Local Hospital: **Methodist Charlton Medical Center** Phone: **214-947-7777**

Address: **3500 W. Wheatland Road Dallas, TX 75237**

**PLEASE LIST ANY:** (Please list N/A if Not Applicable)

Allergies: \_\_\_\_\_

Health Problems: \_\_\_\_\_

**FIRST AID:** In the event of an emergency, I authorize the OCBF/FCA staff to provide any first aid care deemed necessary for my child.

\_\_\_\_\_  
*Signature of Parent or Guardian*

\_\_\_\_\_  
*Date*

**HEALTH RECORD TRANSFER:** In the event of an emergency, I hereby authorize the transfer of my child's health record to the local hospital.

\_\_\_\_\_  
*Signature of Parent or Guardian*

\_\_\_\_\_  
*Date*

**TRANSPORTATION:** I  Do  Do not hereby grant Oak Cliff Bible Fellowship/Fellowship Christian Academy (Preschool through grade 8) and its designated agents, employees, teachers, and leaders, permission to transport my child from Fellowship Christian Academy to scheduled field trips.

While in the custody of Oak Cliff Bible Fellowship/Fellowship Christian Academy (Preschool through grade 8), I release and hold harmless Oak Cliff Bible Fellowship/Fellowship Christian Academy, agents, employees, teachers, and leaders, from any and all liability whatsoever that might arise during all school-sponsored functions, including, but not limited to, any injury or occurrence of any kind that might result during the time that my minor child is in their care and custody.

This release will be binding on my heirs, designated personnel and personal representatives and will be in effect until my child is returned to Oak Cliff Bible Fellowship/Fellowship Christian Academy.

\_\_\_\_\_  
*Signature of Parent or Guardian*

\_\_\_\_\_  
*Date*

**WATER ACTIVITIES:** I  Do  Do not hereby give my consent for my child to participate in water activities as follows:  Splashing  Wading Pools  Other bodies of water as provided by the facility.

\_\_\_\_\_  
*Signature of Parent or Guardian*

\_\_\_\_\_  
*Date*



# MEDICAL INFORMATION FORM (PRESCHOOL ONLY)

(PLEASE PRINT CLEARLY)

Student's Full Name: \_\_\_\_\_  
(Last) (First) (Middle)

Date of Birth: \_\_\_\_\_ Gender:  Male  Female Grade: \_\_\_\_\_

## 2011-2012 ACADEMIC YEAR

TO BE FILLED OUT BY PHYSICIAN

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Immunization record attached  Significant Medical/Surgical history attached

## HEALTH/MEDICAL HISTORY

Please answer the following questions.

### Specify Any Disease:

None  Existing Illness  Asthma  Diabetes  Developmental Problems (i.e. hearing, speech, etc.)

Other: \_\_\_\_\_

### Allergies:

Life-Threatening: \_\_\_\_\_  Seasonal: \_\_\_\_\_

Food \_\_\_\_\_  Insect \_\_\_\_\_  Other \_\_\_\_\_

Medication: \_\_\_\_\_

**Medications (list all):**  None  Additional medications see attached (Administration of Medicine or Special Procedure By School for must be submitted. The Forms are available at the Nurses Station).

Specify medical accommodations needed for school:  none

Known or suspected disability: \_\_\_\_\_

Please monitor: \_\_\_\_\_

Restrictions: \_\_\_\_\_

Please monitor: \_\_\_\_\_

**DOCTOR'S STATEMENT:** I have examined the above named child within the past year and find that he/she is free from contagions and physically qualified for all physical education, sports, and playground, work and school activities at Fellowship Christian Academy.

\_\_\_\_\_  
**Physician Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Print Name**



# 2011-2012 EMERGENCY CONTACT FORM

**Note:** If there is a Court Order (legal documentation) which disallows biological parent(s) picking up a child at school, then a copy of such must be on file at the school.

Student's Name: \_\_\_\_\_  
(Last) (First) (Middle)

Male  Female Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

---

**Guardian or Parent / Father** (PLEASE PRINT CLEARLY)

Full Name: \_\_\_\_\_ State D.L. / I.D. #: \_\_\_\_\_  
(Last) (First) (Middle)

Home Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation / Position: \_\_\_\_\_

Business Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Business Phone #: \_\_\_\_\_ Hours: \_\_\_\_\_

Step Father's Full Name - (if applicable): \_\_\_\_\_ State D.L. / I.D. #: \_\_\_\_\_

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

---

**Guardian or Parent / Mother** (PLEASE PRINT CLEARLY)

Full Name: \_\_\_\_\_ State D.L. / I.D. #: \_\_\_\_\_  
(Last) (First) (Middle)

Home Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation/Position: \_\_\_\_\_

Business Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Business Phone #: \_\_\_\_\_ Hours: \_\_\_\_\_

Step Mother's Full Name - (if applicable): \_\_\_\_\_ State D.L. / I.D. #: \_\_\_\_\_

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

# 2011-2012 EMERGENCY CONTACT FORM (CONTINUED)

The following individuals only are authorized to pick-up my child and to be contacted in case of an emergency.

Full Name: \_\_\_\_\_ State D.L. / I.D. #: \_\_\_\_\_  
(Last) (First) (Middle)

Relationship to Student: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Work Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

---

Full Name: \_\_\_\_\_ State D.L. / I.D. #: \_\_\_\_\_  
(Last) (First) (Middle)

Relationship to Student: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Work Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

---

Full Name: \_\_\_\_\_ State D.L. / I.D. #: \_\_\_\_\_  
(Last) (First) (Middle)

Relationship to Student: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Work Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Parent or Guardian*

\_\_\_\_\_  
*Date*

# READING TEACHER'S STUDENT EVALUATION

(CONFIDENTIAL)

Applicant's Name: \_\_\_\_\_

Applying for GRADE: \_\_\_\_\_

Parent/Guardian: I waive both my right of access and that of my child to this evaluation form. I ask that the teacher complete this evaluation, sign the envelope flap and mail it directly to Fellowship Christian Academy.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

To the Teacher: Please assess the above named student as compared with peers at the current school by completing both sides of the Student Evaluation Form.

Academic Performance in:	Superior	Good	Average	Below Average	Poor	Not Observed
<b>LANGUAGE ARTS</b>						
<b>Reading Skills</b>						
Comprehension						
Word Attack						
Vocabulary						
<b>Writing Skills</b>						
Sentence Writing						
Paragraph Writing						
Narrative Writing						
Expository Writing						
<b>Listening Skills</b>						
Attentive Listening						
Auditory Comprehension						
<b>Speaking Skills</b>						
Articulation						
Informal Conversation						
Normal Speeches						
<b>STUDY HABITS / SKILLS</b>						
Degree of effort						
Ability to work independently						
Consistency of completion of work on time						
Attention Span						
Organization and care of material						
<b>PERSONAL CHARACTERISTICS</b>						
Peer relationships						
Attitude toward faculty/staff						
Assumption of responsibility						
Citizenship/Conduct						

# READING TEACHER'S STUDENT EVALUATION (CONTINUED)

(CONFIDENTIAL)

*Please comment on the following:*

1. Academic qualities (kindness, originality, creativity, reflectivity): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Social and emotional maturity compared with others of the same chronological age: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Special needs/Disabilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Areas of strength: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Areas of weakness: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Involvement in extra-curricular activities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Parental Support and School Involvement: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I recommend                       I do not recommend                       I recommend with reservations

Teacher's Name: \_\_\_\_\_ Position: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Teacher*

\_\_\_\_\_  
*Date*

**RETURN TO:**  
**FELLOWSHIP CHRISTIAN ACADEMY**  
Director of Enrollment  
1808 W. Camp Wisdom Road • Dallas, TX 75232  
(T): 214-672-9200 • (F): 214-672-9201  
e-mail: [FCA@ocbfchurch.org](mailto:FCA@ocbfchurch.org) • website: [www.fcasoars.org](http://www.fcasoars.org)  
*Igniting a brighter future in academic excellence*

# MATHEMATICS TEACHER'S STUDENT EVALUATION

(CONFIDENTIAL)

Applicant's Name: \_\_\_\_\_

Applying for GRADE: \_\_\_\_\_

Parent/Guardian: I waive both my right of access and that of my child to this evaluation form. I ask that the teacher complete this evaluation, sign the envelope flap and mail it directly to Fellowship Christian Academy.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

To the Teacher: Please assess the above named student as compared with peers at the current school by completing both sides of the Student Evaluation Form.

Academic Performance in:	Superior	Good	Average	Below Average	Poor	Not Observed
<b>MATHEMATICS</b>						
Facts/Computation						
Skills/Concepts						
Problem-solving Skills						
Independent Work Level						
Word Problem Solving						
<b>STUDY HABITS / SKILLS</b>						
Degree of effort						
Ability to work independently						
Consistency of completion of work on time						
Attention Span						
Organization and care of material						
<b>PERSONAL CHARACTERISTICS</b>						
Peer relationships						
Attitude toward faculty/staff						
Assumption of responsibility						
Citizenship/Conduct						

# MATHEMATICS TEACHER'S STUDENT EVALUATION (CONTINUED)

(CONFIDENTIAL)

*Please comment on the following:*

1. Academic qualities (kindness, originality, creativity, reflectivity): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Social and emotional maturity compared with others of the same chronological age:  
\_\_\_\_\_  
\_\_\_\_\_
3. Special needs/Disabilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Areas of strength: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Areas of weakness: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Involvement in extra-curricular activities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Parental Support and School Involvement: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I recommend                       I do not recommend                       I recommend with reservations

Teacher's Name: \_\_\_\_\_ Position: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Teacher*

\_\_\_\_\_  
*Date*

**RETURN TO:**  
**FELLOWSHIP CHRISTIAN ACADEMY**  
Director of Enrollment  
1808 W. Camp Wisdom Road • Dallas, TX 75232  
(T): 214-672-9200 • (F): 214-672-9201  
e-mail: [FCA@ocbfchurch.org](mailto:FCA@ocbfchurch.org) • website: [www.fcasoars.org](http://www.fcasoars.org)  
*Igniting a brighter future in academic excellence*

# PRINCIPAL/COUNSELOR'S STUDENT EVALUATION

(CONFIDENTIAL)

Applicant's Name: \_\_\_\_\_

Applying for GRADE: \_\_\_\_\_

Parent/Guardian: I waive both my right of access and that of my child to this evaluation form. I ask that the teacher complete this evaluation, sign the envelope flap and mail it directly to Fellowship Christian Academy.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

To the Principal/Counselor: Please assess the above named student as compared with peers at the current school.

Academic Performance in:	Superior	Good	Average	Below Average	Poor	Not Observed
<b>Overall Academic Performance</b>						
<b>PERSONAL CHARACTERISTICS</b>						
Peer relationships						
Attitude toward faculty/staff						
Assumption of responsibility						
Citizenship/Conduct						
<b>Social &amp; Emotional Maturity For Age</b>						
<b>Involvement In Extra Curricular Activity</b>						
<b>Parental Support And School Involvement</b>						
<b>Potential For Academic Success</b>						

1. Areas of strength: \_\_\_\_\_

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

2. Areas of weakness: \_\_\_\_\_

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

3. Additional Comments: \_\_\_\_\_

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

I recommend

I do not recommend

I recommend with reservations

Principal/Counselor's Name: \_\_\_\_\_

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

\_\_\_\_\_  
Signature of Principal/Counselor

\_\_\_\_\_  
Date

**RETURN TO:**  
**FELLOWSHIP CHRISTIAN ACADEMY**  
 Director of Enrollment  
 1808 W. Camp Wisdom Road • Dallas, TX 75232  
 (T): 214-672-9200 • (F): 214-672-9201  
 e-mail: [FCA@ocbfchurch.org](mailto:FCA@ocbfchurch.org) • website: [www.fcsoars.org](http://www.fcsoars.org)  
*Igniting a brighter future in academic excellence*



# RECORDS RELEASE FORM

## **Parent Instructions:**

This form is to be given to an official or registrar at your child's current school after completing the information below. The school must return the form with official school records no later than July 1<sup>st</sup> (dependent upon the cutoff date for enrollment).

I, \_\_\_\_\_, hereby, give permission to  
(Parent/Guardian's Name)

\_\_\_\_\_, to release my child's \_\_\_\_\_  
(School's Name) (Child's Name)

school records to Fellowship Christian Academy. My child's current grade is \_\_\_\_\_  
(Child's Grade)

\_\_\_\_\_, and his/her date of birth is \_\_\_\_\_  
(Child's Name) (Child's Birth Date)

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

## **Registrar's Instructions:**

The above-referenced student is applying for admission to Fellowship Christian Academy. Please complete and send the following information no later than July 1<sup>st</sup>:

- Current academic transcripts - INCLUDING CURRENT WITHDRAWAL GRADES
- Cumulative records for previous two years
- Standardized test scores
- Reading Teacher's Student Evaluation Form
- Math Teacher's Student Evaluation Form
- Principal/Counselor's Student Evaluation Form
- Attendance and conduct reports
- Any other achievement scores
- Special programs information
- Health/Immunization Records

Prompt attention to this request is greatly appreciated. This release is in accordance with the provisions of the *Final Regulations-Family Educational Rights and Privacy Act (Buckley Amendment)* dated June 17, 1976.

\_\_\_\_\_  
Signature of School Official

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

**Please return this form and requested material directly to:**

**RETURN TO:**  
**FELLOWSHIP CHRISTIAN ACADEMY**  
Director of Enrollment  
1808 W. Camp Wisdom Road • Dallas, TX 75232  
(T): 214-672-9200 • (F): 214-672-9201  
e-mail: [FCA@ocbfchurch.org](mailto:FCA@ocbfchurch.org) • website: [www.fcasoars.org](http://www.fcasoars.org)  
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# 2011-2012 ENROLLMENT

Student's Full Name: \_\_\_\_\_  
(Last)
(First)
(Middle)

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender:  Male  Female (2011-2012) Grade: \_\_\_\_\_

**PLEASE CHECK & INITIAL THE APPROPRIATE ENROLLMENT INFORMATION FOR YOUR CHILD**

- 2011-2012 Kindergarten** **Registration after April 1, 2011**
- Early Registration (**Deadline April 1, 2011**)
    - Registration \$175.00 \$250.00
    - Book and Curriculum Fee \$ 75.00 \$ 75.00
    - Activity Fee \$ 40.00 \$ 40.00
  - After School Program Registration \$ 50.00 \$ 50.00  
 (Includes Before School Care)
- Total: \$340.00** **Total: \$415.00**

*Re-enrollment/acceptance for current 4 year old students going into kindergarten is dependent upon parent interview.*

\_\_\_\_\_ **Initials**

- 2011-2012 Elementary**  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  4<sup>th</sup>  5<sup>th</sup>  6<sup>th</sup> **Registration after April 1, 2011**
- Early Registration (**Deadline April 1, 2011**)
    - Registration \$175.00 \$250.00
    - Book and Curriculum Fee \$150.00 \$150.00
    - Activity Fee \$ 40.00 \$ 40.00
  - After School Program Registration \$ 50.00 \$ 50.00  
 (Includes Before School Care)
- Total: \$415.00** **Total: \$490.00**

\_\_\_\_\_ **Initials**

- 2011-2012 Middle School:**  7th  8th **Registration after April 1, 2011**
- Early Registration (**Deadline April 1, 2011**)
    - Registration \$175.00 \$300.00
    - Book and Curriculum Fee \$200.00 \$200.00
    - Activity Fee \$ 40.00 \$ 40.00
  - After School Program Registration \$ 50.00 \$ 50.00  
 (Includes Before School Care)
- Total: \$465.00** **Total: \$590.00**

\_\_\_\_\_ **Initials**

# 2011-2012 ENROLLMENT (CONTINUED)

Student's Full Name: \_\_\_\_\_  
(Last)
(First)
(Middle)

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender:  Male  Female (2011-2012) Grade: \_\_\_\_\_

**PLEASE CHECK & INITIAL THE APPROPRIATE ENROLLMENT INFORMATION FOR YOUR CHILD**

**2011-2012 Preschool: 18-24 month old (as of 8/1/2011)** **Registration after April 1, 2011**

- Early Registration (**Deadline April 1, 2011**)
    - Current openings for toddlers are for a June or August 15, 2011 start date.
    - 2011-2012 Registration \$100.00 \$150.00
    - Activity Fee \$100.00 \$100.00
- Total: \$200.00** **Total: \$250.00**

*All preschool children will automatically be enrolled in the summer program. The activity fee for 2011-2012 covers the following: potty-training, music, physical education, on-campus field trips and the summer program.*

\_\_\_\_\_ **Initials**

**2011-2012 Preschool: 2 year old (as of 8/1/2011)** **Registration after April 1, 2011**

- Early Registration (**Deadline April 1, 2011**)
    - 2011-2012 Registration \$100.00 \$150.00
    - Book and Curriculum \$ 50.00 \$ 50.00
    - Activity Fee \$100.00 \$100.00
- Total: \$250.00** **Total: \$300.00**

*All preschool children will automatically be enrolled in the summer program. The activity fee for 2011-2012 covers the following: potty-training, computers, music, physical education, on-campus field trips and the summer program.*

\_\_\_\_\_ **Initials**

**2011-2012 Preschool:  3 year old  4 year old (as of 8/1/2011)** **Registration after April 1, 2011**

- Early Registration (**Deadline April 1, 2011**)
    - 2011-2012 Registration \$100.00 \$150.00
    - Book and Curriculum \$ 50.00 \$ 50.00
    - Activity Fee \$100.00 \$100.00
- Total: \$250.00** **Total: \$300.00**

*All preschool children will automatically be enrolled in the summer program. The activity fee for 2011-2012 covers the following: computers, music, physical education, on-campus field trips and the summer program.*

\_\_\_\_\_ **Initials**

# 2011-2012 ENROLLMENT (CONTINUED)

1. I understand that enrollment for my child is secured on a first-come, first-serve basis as completed registration packets (with required enrollment documents) are received and student fees are paid in full. I also understand that enrollment is not finalized until FCA's Administration has reviewed and approved the Parent Financial Commitment Form. Parents will receive a copy of the Parent Financial Commitment Form as a receipt to confirm enrollment. Enrollment fees are **non-refundable and non-transferable**.

\_\_\_\_\_ **Initials**

2. I understand that enrollment or re-enrollment eligibility for future academic years will be determined by student's academic eligibility and conduct (preschool will be determined by conduct and parent interview) from the current year or previous school and whether the student is in good standing with the school.

\_\_\_\_\_ **Initials**

3. I understand that all fees are to be paid in full in the form of a money order or cashier's check. (***No personal checks or cash***).

\_\_\_\_\_ **Initials**

4. **Early Withdrawal Policy:** Tuition is payable based on an entire month for each student. Our main office must be notified in writing 30 days in advance of the final date a student will attend school. All charges related to the student's enrollment are to be paid according to withdrawal policy. If a student is dismissed, for any reason, all policies and fees will be applied according to our early withdrawal policy. Transcripts and/or report cards will not be released until all tuition and fees are paid in full.

\_\_\_\_\_ **Initials**

5. All Fellowship Christian Academy families have three (3) options for paying tuition. All families that elect option 1 below are required to enroll in the Smart Tuition Management Program, (See Financial Resource Guide for details).

**Option 1:** Ten (10) monthly payments for elementary, middle school and after school program students and/or twelve (12) monthly payments for preschool students, which will be automatically deducted through the Smart Tuition Management Program (*See Enrollment process for Smart Tuition Management Program*).

\_\_\_\_\_ **Initials**

**Option 2:** A single lump sum payment for the entire year, due on or before August 2nd paid directly to Fellowship Christian Academy in the form of a money order or cashier's check (no personal check).

\_\_\_\_\_ **Initials**

**Option 3:** Two single lump sum payments per semester, due on or before August 2<sup>nd</sup> and January 2<sup>nd</sup> paid directly to Fellowship Christian Academy in the form of a money order or cashier's check (no personal checks).

\_\_\_\_\_ **Initials**

\_\_\_\_\_  
*Signature of Parent or Guardian*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Print Name*

