

## 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.



**Kingdom Education for the 21st Century**

# **Early Childhood ENROLLMENT APPLICATION**

## PHILOSOPHY

The philosophy of education at Fellowship Christian Academy is rooted in the Biblical teachings of Christ, who took regular, everyday people and transformed them and their communities. Jesus took ordinary people and achieved extraordinary results. Based on the student's ability and academic background, we will challenge every student to reach his or her highest spiritual and academic potential.

# FELLOWSHIP CHRISTIAN ACADEMY AT-A-GLANCE

## 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 dual accredited by the Association of Christian Schools International (ACSI), AdvancED and is licensed for preschool by the Texas Department of Protective and Regulatory Services.

## STUDENT BODY

Early Childhood: Ages 18 months - 4 yrs old

Elementary: Kindergarten (>= 5 yrs) - 5th grade

Middle School: 6<sup>th</sup> grade - 8<sup>th</sup> grade

*Applicants for Early Childhood & Kindergarten are based upon the child's age as of September 1. 18 mos olds may apply whenever they become of age based upon availability.*

*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 five hold a Master's degree. The average tenure of our faculty is seven years.

The Early Childhood staff consists of 18 lead teachers who hold a child care license and 12 educational support staff. The average tenure is ten 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 as part of the afternoon program. The curriculum includes homework helps and learning activities that are fun and age-appropriate. We coordinate group and individual learning experiences so that children for the benefit of all children. The After School Program is coordinated with the FCA school calendar to provide care during many student holidays. A variety of field trips are provided during holiday care.

## SCHOOL CONTACT INFORMATION

1821 W. Camp Wisdom Rd.

Dallas, TX 75232

(T). 214-672-9206

(F): 214-672-9201

Email: [FCA@ocbfchurch.org](mailto:FCA@ocbfchurch.org)

Website: [www.fcasoars.org](http://www.fcasoars.org)

## FACILITIES/CAMPUS

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

- Our spacious library is over 8,000 square feet of books and other resources
- In addition to 54 classrooms, FCA is equipped with a science lab, two Computer Labs, interactive white boards, a \$4 million Youth Center with a stage, recording studio, café and game room, a Fine Arts wing with a band/choir room, and two soundproof music practice rooms.
- Two full-size basketball/volleyball courts
- Hot lunch program

## 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 take between 30-45 minutes. We ask that both parents or guardians attend when possible.

## ADMISSION PREVIEWS

Open House events for prospective families are scheduled morning and evening. "See Us in Action" events are held from 7:30 am - 9:00 am. Evening events are from 6:00 p.m. - 7:30 p.m. A personal tour with faculty and staff that are available to answer questions regarding curriculum, extra-curricular activities, tuition, and the enrollment process.

In addition, parents and guardians are invited to attend "Rising" Grade Level Meetings, which allow parents to meet faculty members and preview the curriculum for the upcoming school year.

Prospective students also have the opportunity to participate in a "Shadow Day." Visiting students are paired with a student ambassador to experience a school or part of a school day at FCA.

## FCA TESTING DATES

Testing is administered on Tuesdays at 9 a.m. and 12:30 p.m. Parents must submit a completed application, with application fee prior to scheduling testing.

**All new students entering 1<sup>st</sup> through 8<sup>th</sup> Grades must score at the 60<sup>th</sup> percentile or above in Reading and Math on the entrance exam and Kindergarten students must score at the 50<sup>th</sup> percentile or above on the Entrance test in order to be accepted as a student at FCA.**

## PARENT INTERVIEWS

Parent interviews are required as part of the admissions process. **All children applying to FCA must be present for the interview.** Interviews and testing for K-8 grade parents are held on Tuesdays & Thursdays.

# APPLICATION INFORMATION & INSTRUCTIONS

Fellowship Christian Academy is pleased that you are applying for admission. FCA encourages candidates to complete the application and admissions requirements well before February 28th. Please feel free to call the Office of Enrollment at 214.672.9200 ext. 9249 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 admission, and denied admission 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 philosophy of education at Fellowship Christian Academy is rooted in the Biblical teachings of Christ, who took regular, everyday people and transformed them and their communities. Jesus took ordinary people and achieved extraordinary results. Based on the students' ability and academic background, we will challenge every student to reach his or her highest spiritual and academic potential.

## **Non-Discriminatory Policy**

Fellowship Christian Academy 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 seeking admission to the Early Childhood Program through 8th grade are evaluated based upon the outlined admission criteria. All **Early Childhood through grade 8 students** and parents/guardians are required to interview with the program director. **Prospective Early Childhood students** are not tested. **All new students entering grades 1 through 8 must score at the 60<sup>th</sup> percentile or above in reading and math** on the entrance test, and **Kindergarten students must score at the 50<sup>th</sup> percentile or above** on the entrance 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, 1821 W. Camp Wisdom Road., Dallas, Texas 75232 or via online scan to [fca@ocbfchurch.org](mailto:fca@ocbfchurch.org)

An \$85 non-refundable 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 or paid online. 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 \$85 per applicant. It is the responsibility of the parent/guardian to complete the admissions requirements outlined in the checklist.

## **Schedule Testing**

FCA is an Early Childhood through grade 8 educational institution.

- Early Childhood applicants are not required to be tested, however the application is evaluated as a whole.
- Kindergarten through grade 8 applicants are tested via the FCA Entrance exam.

# 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/guardian interviews are required as part of the admissions process, and we ask that both parents and/or guardians attend when possible. All children applying to FCA **must be present for the interview**. If the student is not present the interview will not be held. A Parent/Guardian interview with the Principal, Curriculum Specialist, 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 Feb 28th. Applications received after Feb 28th are welcome and are considered on acceptance and space-available basis. The early registration discount extends through February 28. To be eligible, the Parent Finance meeting must be scheduled by that date.

The Admissions Committee will meet and evaluate test scores (not required for Early Childhood) 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.

Summer Sessions for Early Childhood & STEAM Campers begin the first full week in June, or K-8<sup>th</sup> parents can refer to the TurnAround Summer Camp as a part of the OCBF Outreach dept. We will be offering a STEAM camp for students K-8th grades only (Grade is according to their current school year level.)

The school year starts in early August. Parent Orientation and Meet the Teacher Night is the time you are notified of your teacher/classroom assignment and an opportunity to meet all teachers and ask any questions. We ask that all parents attend this event, according to their designated day. Food and festivities will begin prior to the listed meeting times. There will also be a Fine Arts orientation on that day.

\*All dates subject to final board approval, and will be posted in June on the official calendar.

## 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, or (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 or paid via Smart Tuition. **Tuition payments begin August 3rd.** *(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 tuition arrangements are cleared by the Financial Service Office.**

# ENROLLMENT APPLICATION

## ENROLLMENT 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 **JUNE/AUG/ASAP** 20\_\_\_\_\_ - 20\_\_\_\_\_ school year (if Early Childhood indicate 10 or 12 mos care)\_\_\_\_\_mos care. *(Please check each item on the checklist that has been reviewed and completed and return this page.)*

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*Student's Name*

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*Student's DOB*

### Phase I - FORMS

#### EARLY CHILDHOOD, ELEMENTARY AND MIDDLE SCHOOL

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

- Enrollment Application for Admission  
Enrollment Application & Agreement (Contact info., Photo Release Terms, Acknowledgement of Handbook Policies, Acknowledgement of Sycamore/Parent Portal for School information, Parent Survey.)
- \$85 Application Processing Fee (**No personal checks**)/proof of online payment receipt
- Emergency Contact Info.
- Parent Questionnaire
- Permission to Treat, Transport, and for Water Activities
- Enrollment Notice / Parent Survey code
- Acceptable Use Policy (AUP) Agreement for Technology (Parents of All Students)
- Annual Physician's Statement (Medical form)/Allergy Alert (Due 2- 3 weeks before child begins school)
- Updated Immunization Record (any additional records post enrollment) - (Due 2- 3 weeks before child begins school)

#### COPIES NEEDED FROM PARENT/GUARDIAN

- Birth Certificate
- Social Security Card
- Current Immunization Record
- Proof of Health Insurance Coverage (See Parental Authorization, Consent, & Release)

### Phase II (as applicable)

I will schedule a Parent Interview with the Office of Enrollment once emailed (Note: Walk-in appointments will not be allowed).

- Yes, I have read, completed and returned all of the required info., 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. INCOMPLETE PACKETS CANNOT BE ACCEPTED.*

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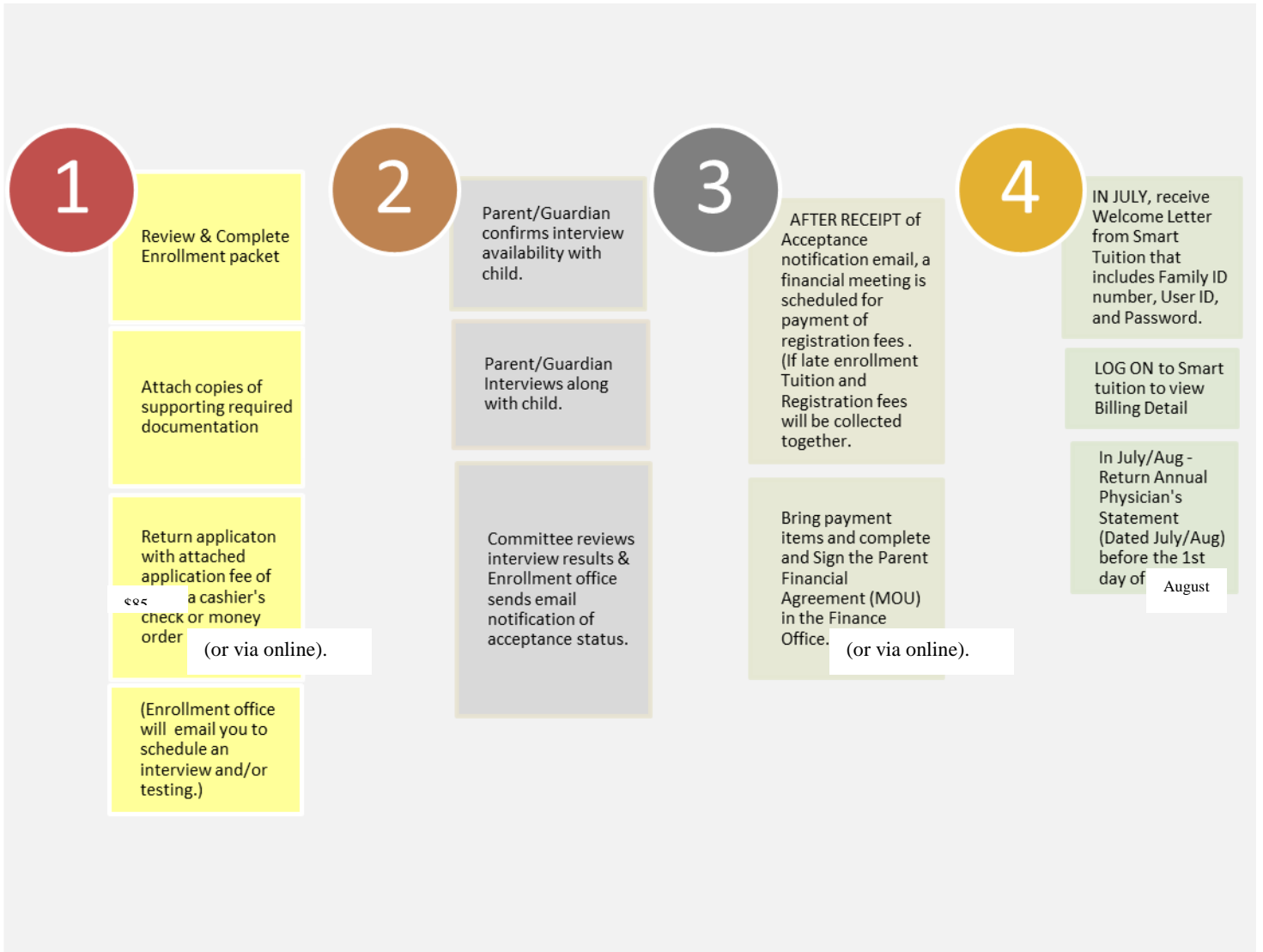
*Signature of Parent or Guardian*

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*Date*

# STEPS FOR ENROLLMENT

The following sheet will provide you with step-by-step instructions for enrollment.



## Annual Physician's Statement

- Note: The Annual Physician's Statement must be completed, signed by a physician and parent/guardian then returned to the Nurse on or before the first day of August via the front desk. All Medical Information Forms should be returned to the Front Desk.

# ENROLLMENT APPLICATION & AGREEMENT

FOR OFFICE USE ONLY:      ADMISSIONS DATE: \_\_\_\_\_ ENROLLMENT DATE: \_\_\_\_\_

(PLEASE PRINT CLEARLY)

Date of Application: \_\_\_\_\_ For School Year: \_\_\_\_\_ For Grade: \_\_\_\_\_

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

Male    Female   Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Social Security #: \_\_\_\_\_

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

Home Phone #: \_\_\_\_\_ Family's E-mail: \_\_\_\_\_

**Ethnicity** (U.S. Government and Accreditation Agencies Required Data):

African American    Asian American    Caucasian    Hispanic/Latino    Native American  
 Middle-Eastern American    Multi-Racial (Please specify): \_\_\_\_\_  
 International (Please specify): \_\_\_\_\_

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## Parent/Guardian Information

Parent(s) are:    Married    Separated    Divorced    Single  
 Father Remarried    Mother Remarried  
 Natural Father Deceased    Natural Mother Deceased

Applicant is living with:    Both Parents    Mother    Father    Other (specify): \_\_\_\_\_

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## Who will be the person responsible for tuition and fee payments to FCA?

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

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

## To what address should the tuition statement be mailed?

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

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

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# ENROLLMENT APPLICATION & AGREEMENT

## Guardian or Parent / Father

(PLEASE PRINT CLEARLY)

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

List as Emergency Contact/Authorized Pick-up person?  Yes  No

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

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

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

Email Address: \_\_\_\_\_ Cell Provider: \_\_\_\_\_

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)

List as Emergency Contact/Authorized Pick-up person?  Yes  No

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

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

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

Email Address: \_\_\_\_\_ Cell Provider: \_\_\_\_\_

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? \_\_\_\_\_



# ENROLLMENT APPLICATION & AGREEMENT

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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## Emergency Contact's Name(s) and Address:

Relationship to student other than parent or guardian: \_\_\_\_\_

Emergency Contact's Name: \_\_\_\_\_  
(Last) (First) (Middle)

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

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

Relationship to student other than parent or guardian: \_\_\_\_\_

Emergency Contact's Name: \_\_\_\_\_  
(Last) (First) (Middle)

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

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

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## Emergency Contact's Name(s) and Address:

Relationship to student other than parent or guardian: \_\_\_\_\_

Emergency Contact's Name: \_\_\_\_\_  
(Last) (First) (Middle)

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

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

Relationship to student other than parent or guardian: \_\_\_\_\_

Emergency Contact's Name: \_\_\_\_\_  
(Last) (First) (Middle)

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

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

# ENROLLMENT APPLICATION & AGREEMENT

How did you hear about FCA?

OCBF Bulletin    Social Media    Radio    Billboard    Website    Newspaper/Magazine

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

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

Other: Who may we thank for the recommendation? *(Please provide name, email address, contact #)*

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

Email Address: \_\_\_\_\_ Contact Phone#: \_\_\_\_\_

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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:** An \$85 non-refundable application processing fee should accompany the completed application.

# ENROLLMENT APPLICATION & AGREEMENT

## Parent Questionnaire

(PLEASE PRINT CLEARLY)

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

Student's DOB: \_\_\_\_\_ Applying for GRADE: \_\_\_\_\_

**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. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is your child open to discipline?  Yes  No

Does your child have problems obeying rules and/or following school policies relative to discipline issues?

Yes  No Please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What discipline procedures do you practice at home? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# ENROLLMENT APPLICATION & AGREEMENT

## Parent Questionnaire (cont'd)

How will you support FCA in addressing discipline issues that may arise with your child? Please explain.

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Has your child had any disciplinary problems at the current school, home or daycare center?  Yes  No

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 confidential teacher evaluations and school reports 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*

# ENROLLMENT APPLICATION & AGREEMENT

Fellowship Christian Academy administrators, teachers, and support staff are committed to partnering with parents to provide each student with a superior education. Our curriculum is designed to develop children spiritually, socially, physically, and academically. To assure that we are committed to inclusive, collaborative involvement in each student's educational and spiritual growth, each family is asked to read and sign this contract, acknowledging that we are in agreement with its terms. As an educational partner and responsible party for \_\_\_\_\_,

(Student's Name)

(Student's DOB)

I agree with and will support the following:

## Commitment of Parent

- (1) I will support the goals and mission of Fellowship Christian Academy.
- (2) According to attendance guidelines, students must attend school every day unless they are 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 success and spiritual growth of my child. I will adhere to the rules relative to tardiness and its consequences.
- (3) I am aware of school policies and expectations for my child 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, understanding that he/she may be sent home immediately to change if in violation of the dress code.
  - To adhere to discipline guidelines, realizing that he/she will receive consequences as outlined in the FCA Family Handbook when rules are violated.
  - To treat fellow students, staff, administrators and parents with respect at all times. I will not endorse verbal and/or physical abuse or retaliation.
- (4) To promote good discipline and high standards regarding home studies, I will require responsible homework and study habits for my child by providing a specific time, materials, and a quiet place for completion of homework assignments. I further agree to consistently monitor homework assignments to ensure completion and submission to the teacher by the due date. I also agree to communicate with the teacher regarding any concerns that my child or I may have about home study assignments.
- (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 as a volunteer for a minimum of 4 hours per year. If I am unable to volunteer my time and services, I will provide a comparable contribution through donations of needed materials or resources.

## Photography Authorization

(8) I agree to the **Photo Release Terms**. (See [Photography Use Authorization](#) in Resource Packet.)

- Yes, I authorize the use of my child's image in school publications.
- No, I DO NOT authorize use of my child's image in school publications.

## Parental Authorization, Consent and Release

(10) I agree to the terms of the [PARENTAL AUTHORIZATION, CONSENT, and RELEASE](#). (See Parental Authorization, Consent, and Release in Resource Packet.)

- Yes, I acknowledge and agree to the contents of the PARENTAL AUTHORIZATION, CONSENT, and RELEASE form.
- Yes, I have reviewed the emergency contacts and authorized pick-up contacts and I agree that it is updated for the 2017-18 school year. In the event it is not, I will make the necessary changes in Sycamore, or provide updated information via the Emergency contact form to our front office.

# ENROLLMENT APPLICATION & AGREEMENT

## Acknowledgement of Handbook (See Acknowledgement in Resource Packet)

(11) I understand that once enrolled, I can access the contents of the **FCA Family Handbook** on Sycamore Education, or by requesting a copy because I do not have online access. I understand that it is my responsibility to read and discuss the contents of this handbook with my child(ren). I also agree to comply with the policies contained in this handbook and any revisions made to it, including all financial policies.

Yes, I will fully inform myself of the contents of the FCA Family Handbook and I agree to support Fellowship Christian Academy in its efforts to provide quality Christian education for each student by adhering to the expectations and policies as outlined in the FCA handbook.

## FCA Region 10 Survey

As a prospective FCA parent, we need every FCA family to click or copy & paste this link in your url (<https://goo.gl/PAz53A>) and complete the Region 10 survey (1 min) that will assist Fellowship Christian Academy in obtaining grants, funds, and resources in order to provide additional financial & technological support to FCA students and teachers. Please complete the anonymous survey. Note that it is important that you complete the form even if your income does not meet any of these criteria, in order for the survey to be considered a valid measure. You will receive a confirmation code that is necessary for the completion of your enrollment.

Yes, I have completed the 1 min survey, obtained a confirmation code, and in so doing have contributed to the advancement of the school. The Survey Code is \_\_\_\_\_.

## Acknowledgement of Sycamore Parent Portal

(12) I acknowledge that FCA's Parent Portal, Sycamore Education, is my primary source for school-related information and I have reviewed my contact information to ensure its accuracy.

## Commitment of 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.

I hereby certify that I am the legal parent or guardian for the above-referenced child/children. **I have read the Agreement and discussed it with my student & sign or e-sign on his/her behalf:**

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

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

\_\_\_\_\_  
*Signature of Student*

\_\_\_\_\_  
*Grade - School Year*

# PERMISSION TO TREAT, TRANSPORT & FOR WATER ACTIVITIES

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 (Early Childhood through grade 8) and its designated agents, employees, teachers, and leaders, permission to transport my child from Fellowship Christian Academy during scheduled field trips.

While in the custody of Oak Cliff Bible Fellowship/Fellowship Christian Academy (Early Childhood 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*

# ENROLLMENT NOTICE

1. I understand that enrollment for my child is secured on a first-come, first-served 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 Memorandum of Understanding. Parents will receive a copy of the Memorandum of Understanding either directly or via Smart Tuition 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 will be determined as follows:
- K-8 will be determined by student's academic eligibility and conduct
  - Early Childhood (current students) will be determined by student's conduct, parent conduct from the current year or previous school year and parent interview (for new students).
  - All student accounts/cumulative folders must be 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 or via online. **(No personal checks or cash).**

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

4. **Early Withdrawal Policy:** Tuition is payable based on an entire month for each student. FCA's main office must be notified in writing 30 days (withdrawal form) in advance of the final date a student will attend school, to avoid withdrawal fees. 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 the 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 ). **Please choose only one payment option.**

**Option 1:** Ten (10) monthly payments for elementary, middle school and after school program students and/or twelve (12) monthly payments for Early Childhood 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 3<sup>rd</sup> 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 3<sup>rd</sup> and January 3<sup>rd</sup> paid directly to Fellowship Christian Academy in the form of a money order of cashier's check **(No personal checks or cash).**

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

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

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

Print/Type Name: \_\_\_\_\_



# ACCEPTABLE USE POLICY

## For All FCA Students

A copy of the [Acceptable Use Policy](#) is found in the Resource Packet.

**Parent/Student Agreement:** I understand and will abide by the Acceptable Use Policy and Agreement through Fellowship Christian Academy. I further understand that any violation of the terms and conditions of the Agreement or School Policies may constitute a criminal offense. Violations may result in losing my access privileges and school disciplinary action may be initiated against me.

**I have read the Acceptable Use Policy and the Agreement and discussed it with my student & e-sign on his/her behalf:**

\_\_\_\_\_  
Student Name (Please print/type)

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

\_\_\_\_\_  
Date

### **PARENT OR GUARDIAN (Signature required for all FCA Students)**

As the parent or guardian of this student, I have read the Acceptable Use Policy and Agreement for use of the computer network and computers, including the Internet, at Fellowship Christian Academy. I understand that this access is designed solely for educational purposes and Fellowship Christian Academy has taken reasonable precautions to supervise Internet usage. However, I also recognize that it is impossible for the school to restrict unsupervised access to all information or materials and I will not hold them responsible for materials acquired on the network. I also accept full responsibility for supervision of my child or ward outside of the school setting and at home. I hereby give permission to establish a network account and an Internet Based Email Account for my child and certify that the information contained on this application is true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Parent/Guardian Name (Please print/type)

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

\_\_\_\_\_  
Date

# ANNUAL PHYSICIAN'S STATEMENT

Please present this form to be printed completed each school year. It is to be signed by a physician, and parent/guardian then returned to the Nurse on or before August 1<sup>st</sup>, & 2 weeks before he/she begins school.

PLEASE PRINT CLEARLY

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

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

## 2017-2018 ACADEMIC YEAR

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 Existing Health Conditions:

- |  |  |  |  |  |
|--|--|--|--|--|
| <input type="checkbox"/> None  | <input type="checkbox"/> Asthma                    | <input type="checkbox"/> Seizures, Epilepsy, Convulsions | <input type="checkbox"/> Diabetes      | <input type="checkbox"/> Panic Attacks |
| <input type="checkbox"/> I.B.S.  | <input type="checkbox"/> Severe allergic reactions | <input type="checkbox"/> Physical impairments            | <input type="checkbox"/> Anxiety       | <input type="checkbox"/> Depression    |
| <input type="checkbox"/> ADHD  | <input type="checkbox"/> ADD                       | <input type="checkbox"/> Physical afflicting/Self Harm   | <input type="checkbox"/> Bipolar       | <input type="checkbox"/> Anger mgmt.   |
| <input type="checkbox"/> Sickle Cell   | <input type="checkbox"/> Cerebral Palsy            | <input type="checkbox"/> Speech impairment               | <input type="checkbox"/> Major surgery | <input type="checkbox"/> Spinal Bifida |
| <input type="checkbox"/> Glasses/Contacts <input type="checkbox"/> Hearing Aids <input type="checkbox"/> Other (Please explain): _____ |  |  |  |  |

Allergies:

- Life-Threatening: \_\_\_\_\_  Seasonal: \_\_\_\_\_
- Food \_\_\_\_\_  Insect \_\_\_\_\_  Other \_\_\_\_\_
- Medication/Drug: \_\_\_\_\_

Specify medical accommodations needed for school:

- None
- Known or suspected disability: \_\_\_\_\_
- Please monitor: \_\_\_\_\_
- Restrictions: \_\_\_\_\_
- Please monitor: \_\_\_\_\_

**Physician 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/school activities at Fellowship Christian Academy.

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

\_\_\_\_\_  
Date

(See part 2)

# ANNUAL PHYSICIAN'S STATEMENT

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### PRESCRIPTION AND NON-PRESCRIPTION MEDICATIONS BROUGHT FROM HOME

All medication prescribed for students should be given outside of school hours. Only medication which is required to enable a student to stay in school may be given at school and should be listed below. The initial dose of medication must be

Start/End Date	Name of Medication(s)	Dosage	Time to be given	Frequency	Purpose of medication

Any adverse conditions or side effects student may experience from medication:

administered at home.

### SELF-ADMINISTRATION OF PRESCRIPTION ASTHMA AND/OR ANAPHYLAXIS MEDICINE BY STUDENTS IN ACCORDANCE WITH HEALTH AND SAFETY CODE Section 38.015

It is my professional opinion that \_\_\_\_\_ (student's name)  *should* or  *should NOT* be allowed to carry and self-administer asthma medications and/or anaphylaxis medication while on school property and/or at school related events.  Can carry Asthma medication(s)     Can carry anaphylaxis medication

- Student is knowledgeable about the name, purpose, and dosage of the prescribed medication.
- Student has demonstrated to the student's physician or other licensed health care provider, the skill level necessary to self-administer the prescribed medication, including the use of the any device required to administer the medication.

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

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

### To be completed by the parent(s)/guardian:

- I give permission for the above medication(s) to be administered to my child at school.
- I understand that school personnel will only administer medication(s) in accordance with Texas Education Code 22.052 and Fellowship Christian Academy guidelines.
- I understand that Fellowship Christian Academy and its employees are not liable for damages or injuries resulting from administration of medication to my child in accordance with Texas Education Code 22.052.
- I consent to and authorize my child's health care provider to disclose health information to the school, and for the school to disclose the above information to those within the school district who have a need to know for legitimate educational purposes.

\_\_\_\_\_  
*Guardian Printed Name/ Signature*

\_\_\_\_\_  
*Relationship*

\_\_\_\_\_  
*Home Phone*

\_\_\_\_\_  
*Work Phone*

# ALLERGY ALERT

Date: \_\_\_\_\_ School Year: \_\_\_\_\_

STUDENT: \_\_\_\_\_

GRADE LEVEL: \_\_\_\_\_

ALLERGEN: \_\_\_\_\_

EPI PEN: \_\_\_\_\_yes \_\_\_\_\_no

TEACHER: \_\_\_\_\_

PARENT: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

This form is to be presented to the nurse.

School Nurse – Barbara Griggs, R.

