

Faith Christian Academy

627 S. Main St., Jamestown, Tn 38556
Phone: (931)879-9137 Fax: (931)879-5077

Wes Clark
Administrator

Joshua Grubbs
Pastor

Application for Admission

Grade applying for: _____ Date: _____

Name of Student: _____
Last First Middle

Name student prefers to be called: _____, SS# _____

Physical Address: _____

Mailing Address: _____

Home Phone # _____ Other Phone # _____

Emergency Contact: _____ Phone # _____

Date of Birth _____ Sex _____ U.S. Citizen? _____

(If no, immigration status is required to be on file.)

Father's Name _____ Employer _____

Work Phone # _____ Cell Phone # _____

Email Address _____

Mother's Name _____ Employer _____

Work Phone # _____ Cell Phone # _____

Email Address _____

Who is legal guardian of student? _____

Siblings enrolled at F.C.A. _____ Age(s) _____

Church attending _____ Pastor _____

A Ministry of Faith Baptist Tabernacle

For School Office Use Only

Reg. _____ Books _____ Half Day _____ Full Day / Cot Fee _____ Lab Fee _____ Test Fee _____ Tested _____

Activity Permit

Event: Field Trips and School Sponsored Trips Away From School Premises

To Whom It May Concern:

As a parent/guardian, I do hereby authorize Faith Christian Academy at Faith Baptist Tabernacle and their representatives to secure any medical treatment necessary, which if delayed may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort. I will in no way hold Faith Christian Academy or Faith Baptist Tabernacle and their representatives responsible in the event of an accident that may harm my child.

My child, _____, has my permission to travel to any of the above mentioned. I, _____, am the _____ of the child.

Relationship

Dates when release is intended for August 20__ through May 20__.

This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Parent/Guardian Signature

Address: _____

Phone: _____ D.O.B. _____

Allergies: _____

Medication Taking: _____

Parent's Name: _____

Employer: _____ Wk. Ph. _____

Insurance Company: _____ Policy #: _____

Parent's Signature: _____ Date: _____

Statement of Cooperation

I give Faith Christian Academy permission for my child to take part in all school activities, including field trips and school sponsored trips away from school premises. I also believe that discipline is necessary for the welfare of each student, as well as for the entire schools. I give permission for my child's teacher and/or other agent of the school to make and enforce classroom regulations in a manner consistent with Christian principles and discipline as set forth in the Scriptures if deemed necessary by school authorities. I agree to support the educational standards of this school by helping my child with any area of academics they may be struggling in, and I will ensure any homework assigned is completed. I agree to read and support the guidelines as set forth in the handbook, as well as, the demerit system of discipline. I also agree to ensure that my child follows the school handbook and demerit system of discipline as outlined by the faculty of Faith Christian Academy. I further agree to hold the school and its agents harmless for any liability to my child or any guardian or parent thereof because of any injury to my child. Should legal action, for any reason, be taken against Faith Christian Academy or any employee or agent thereof on my child's behalf, and the school or its agent not be found at fault. I agree to pay any attorney fees, court fees, damages or other costs that Faith Christian Academy or its agents should incur to defend itself against such action.

Father's Signature:_____ Date:_____

Mother's Signature:_____ Date:_____

Note: It is understood that Faith Christian Academy has the right to accept or reject a student, as it deems advisable.

Faith Christian Academy admits students of any race, color, national or ethnic origin to all the rights, privileges, programs, and activities generally made available to students of this school. It does not discriminate on the basis of race, color, national or ethnic origin in the administration of its educational policies, admission policy, and other school-administered programs.

Student Information

List any know allergies:_____

List any medications:_____

Any physical limitations?_____

If yes, please give brief description: _____

Date of last physical:_____

Date of last tetanus:_____

(COPY OF CURRENT SHOT RECORDS MUST ACCOMPANY THIS APPLICATION)

Student Pick-up Information

We are required by state law to have on file for each child here at the school designated adults allowed to pick up your child. This list will be kept on file in the school office and will be used to verify who is allowed to pick up your child. No one will be permitted to pick up a child from school whose name is not on the list. Identification will be required.

Name of Child_____

1._____ Phone_____

2._____ Phone_____

3._____ Phone_____

4._____ Phone_____

The above may pick up my child.

LEGAL CUSTODY

Please be aware that in the case of legal divorce, we must have a copy of legal custody documents in the child's file in order to keep a parent from picking up his/her child. Please indicate below if this is the case and provide us with the legal document stating so.

_____ **DOES NOT** have permission to pick up my child. I have provided legal documents to this effect.

Legal Guardian Signature

Date