

Fort Myers Christian School
2010-2011 APPLICATION for ADMISSION

Date submitted ____/____/____

Grade Applying For: _____

Pre K- 3 day: ____ 5day: ____

STUDENT INFORMATION

Student's last name _____ First _____ MI _____

Address _____ Sex M F

City _____ St _____ Zip _____ Birth date ____/____/____

Race: White African American Hispanic Asian Other: _____

Primary Speaking Language: Student _____ Parent: _____

FOR OFFICE USE ONLY	
Reg. Fee Pd. \$	_____
Application Fee \$	_____
Interview date	_____
Acceptance Letter mailed	_____

FAMILY INFORMATION

	Parent 1/ Guardian	Spouse	Parent 2 (If applies)	Spouse
Full Name				
Address (If different from above)				
Occupation				
Employer				
Home Phone				
Work Phone				
Cell Phone				
Email Address				
Lives With	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Send Mail	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no

Natural parents are: Married together at home Separated Divorced Widowed

If child **does not live** with both natural parents, please describe and submit legal documentation of custody: _____

Who has your permission to pick up your child (please include name, relationship, and phone number)?

YES NO Does student have a medical condition? Describe _____

YES NO Is student currently on medication? Describe. _____

YES NO Is student currently under psychiatric care or counseling? Describe _____

<p>√ Students entering Kindergarten must be 5 before Sept. 1st. All kindergartners must be tested. K-testing helps us determine whether your student will be accepted.</p> <p>√ ALL students must submit a birth certificate and immunization records with application.</p> <p>√ ALL new Pre-K, K, and out-of-state students must submit proof of a Florida physical within the last 12 months.</p> <p>√ Interviews may be requested by the administration.</p> <p>√ Copies of the latest report card and standardized testing are to be submitted with the application.</p> <p>√ All Kindergarten and 7th grade students must have current state required immunizations.</p>

Name and complete address of living grandparents:

Name(s) _____
Address _____
City _____ St _____ Zip _____
Phone (____) _____

Do not put on the mailing list.

Name(s) _____
Address _____
City _____ St _____ Zip _____
Phone (____) _____

Do not put on the mailing list.

Name(s) _____
Address _____
City _____ St _____ Zip _____
Phone (____) _____

Do not put on the mailing list.

Name(s) _____
Address _____
City _____ St _____ Zip _____
Phone (____) _____

Do not put on the mailing list.

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

Name _____ Age _____ School _____

Name _____ Age _____ School _____

Name _____ Age _____ School _____

A C A D E M I C I N F O R M A T I O N

Grades completed: K 1 2 3 4 5 6 7 8 Any grades ever repeated? N Y Which? _____

List previous schools attended _____

Principal's Name _____ Teacher's Name _____ Phone _____

Has student ever been suspended? Y N Expelled? Y N Asked to withdraw? Y N

(If so, please give full particulars on a separate sheet of paper, including principal's name, school address, and phone number of school.)

Please list subjects that the student is functioning below level in:

Has student ever attended summer school? Y N When? _____ Where? _____

Why is the student leaving his/her present school?

Any physical, emotional, or learning problems?

Where did you "hear" about FMCS?

Newspaper Radio Phone Book Church Website/Internet Other _____

Referred by: _____

SPIRITUAL INFORMATION

√ FMCS works with the home and church to build spiritual values and principles in the lives of our students.

√ We believe children reach their full potential through a personal relationship with Jesus Christ and a life committed to the principles laid down in the Bible.

Family Church _____

Address _____

Pastor _____ Phone _____

Years you've attended there _____ Are parents current members? Y N

Parents' church attendance: Gweekly Gfrequently Ginfrequently

Student's church/Sunday School attendance: Gweekly Gfrequently Ginfrequently

According to admissions policies, **AT LEAST ONE PARENT OR STUDENT MUST HAVE ACCEPTED JESUS CHRIST AS THEIR PERSONAL SAVIOR.** Please indicate how your family meets this criteria:

Father Mother Student Entire family (*mark all which apply*)

Briefly summarize how your family came to the Lord and your spiritual activities now:

FMCS enrolls not only students, but families as well. In case the school should need further information on your family, please list references that the school may contact:

A **pastor** who knows your family well:

Name _____ Day Phone _____

Position/Church _____

A **past teacher** of the student:

Name _____ Phone (home/day) _____

Position/School _____

A **family member or friend** who knows the student well:

Name _____ Phone (home/day) _____

Relationship _____

☐ **PARENTS' (or legal guardian's) STATEMENT** ☐

In making application for my child to attend Fort Myers Christian School,

I agree to abide by the spiritual, academic, disciplinary, dress, and all other standards of the school as outlined in the Parent/Student Handbook.

If my student is accepted and enrolled at Fort Myers Christian School,

1. I agree to assume the responsibility for my student's education by supervising homework and keeping in regular contact with my student's teachers.
2. I agree to allow my student to go on scheduled field trips and other school activities with the proper notification.
3. I agree to support the school's entire program and leadership through prayer, time and financial gifts.
NOTE: The school depends upon gifts above and beyond the tuition.
4. I agree to support the administration in the academic and discipline program of the school. When there is a concern about the classroom, I understand that I should talk with the teacher first and then discuss the matter with the administration, if necessary.
5. I understand that this application cannot be considered without the Registration Fee and that, if my student is accepted, I agree to the payment and refund policies listed in the school's fee schedule.
6. I understand that I must keep my account balance current.
7. I understand that if I voluntarily withdraw my student or my student is dismissed from the school, during a given month I will be charged for the full month. A withdraw fee will be charged for each student being withdrawn after enrollment and acceptance into our school. I understand that records cannot be forwarded to another school until all financial obligations have been satisfied.
8. I will make every effort to attend meetings and parent functions of the school regularly.

FMCS reserves the right to refuse any application, or dismiss any student, at any time, for unacceptable work or conduct (in school or off campus as outlined in the Handbook), or any other reason it deems necessary. Neither this application nor payment of fees is considered to be binding upon Fort Myers Christian School.

Father/Guardian Signature

Date

Mother/Guardian Signature

Date

Fort Myers Christian School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students of the school. It does not discriminate on the basis of race, color, national or ethnic origin in the administration of its educational policies, admission policies, scholarships, loan programs, athletics, and other school administered programs.