

Application for Student Admission

STATEMENT: Completion of this application does not ensure enrollment but provides information upon which a decision will be based. The registration/activity fee must accompany this application. The registration/activity fee is refundable only in the event the applicant is not accepted for admission. Fox Valley Christian Academy admits students of any race, color, and national or ethnic origin.

Student Information

Student name: _____
(Last) (First) (Middle)

Home address: _____
(Street) (City) (Zip)

Grade for which admission is sought: _____ Birth date: _____ Sex: Male Female
(Month / Day / Year)

Home phone: _____ Home e-mail: _____

Ethnic background: African Asian Hispanic Native
 African American Caucasian (White) Native American Other _____

Language spoken at home: _____

Family Information

Child lives with: Both parents Father Mother Guardian Other _____

Parents' marital status: Married Divorced Separated Mother deceased Father deceased

Father/guardian name: _____ Mother/guardian name: _____

Address: _____ Address: _____

Home phone: _____ Home phone: _____

Cell phone: _____ Cell phone: _____

E-mail: _____ E-mail: _____

Occupation: _____ Occupation: _____

Employer: _____ Employer: _____

Business phone: _____ Business phone: _____

Separate mailings to each parent? Yes No

Please explain any factors in the student's home life that will help us have a better understanding of this student.

Siblings

Name

Birth date

School attending

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Spiritual Information

Church home: _____

Are parents current members? Yes No

Parents' church attendance:

Mother weekly regularly occasionally none
Father weekly regularly occasionally none

Student's church and/or Sunday School attendance: weekly regularly occasionally none

Describe the student's relationship with Jesus Christ. _____

What is the father's belief about Jesus Christ? _____

When and how did the father become a Christian? _____

What is the mother's belief about Jesus Christ? _____

When and how did the mother become a Christian? _____

What are the student's interests? _____

How does the student interact socially with peers? _____

How does the student interact socially with adults? _____

Physical Information

Please check all physical factors relating to this student.

- Premature birth
- Developmental delays
- Frequent headaches
- Wears eyeglasses
- Wears assistive hearing device
- Chronic past or present ear infections
- Currently has tubes Left Right
- Asthma
Please describe treatment used. _____
- Allergies
Please specify. _____
- Speech difficulties
Did your child receive speech intervention? Yes No

Please specify any other concerns that could affect this student's school experience. _____

Transportation

This student will be transported to and from Fox Valley Christian Academy by:

- Car Car Pool Bus provided by area school district Fox Valley Christian Academy Bus (Menasha area only)

Tuition

Indicate preferred payment plan.

- Preschool 4/5** Monthly (September-May) Annually (1% discount if paid in full by July 10)
- Kindergarten-8th grade** Monthly (July-April) Annually (1% discount if paid in full by July 10)
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Basis for Application

Please explain why you wish to have your child attend Fox Valley Christian Academy. _____

Session Preference (complete if applicable)

Preschool 4/5

- Mondays, Wednesdays, Fridays (3 days/week) – 8:00-11:00 AM
- Mondays, Wednesdays, Fridays (3 days/week) – 12:15-3:15 PM
- Tuesdays, Thursdays (2 days/week) – 8:00 AM-12:00 PM

Kindergarten

- Monday-Friday (half-day program) – 8:15-11:45 AM
- Monday-Friday (full-day program) – 8:15 AM-3:15 PM

Signatures

(Father)	Date
(Mother)	Date
(Guardian)	Date

Attachments

- Copy of report card/transcripts showing one full year academic progress
- FVCA Parent Cooperation Agreement
- Registration/Activity Fee (non-refundable, due with application)

Preschool 4/5	\$100
Kindergarten – half-day	\$200
Kindergarten – full-day	\$300
Grades 1-8	\$300

For Review

Please provide your child's birth certificate for us to view upon application. An FVCA office staff member will then initial in the space provided below and return the birth certificate to you.

- Birth certificate viewed by _____ (initials) on _____ / _____ / _____