



## APPLICATION FOR KINDERGARTEN ADMISSION

STATEMENT: This application does not ensure final enrollment but provides information upon which a decision will be based. A registration fee must accompany this application. This fee is only refundable 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

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

Male \_\_\_\_\_ Female \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

Place of birth \_\_\_\_\_  
(City) (State) (Country)

Please attach a copy of the student's birth certificate to this application.

Home address \_\_\_\_\_  
(Street) (City) (Zip)

Home telephone number \_\_\_\_\_ School district student resides in \_\_\_\_\_

Student attends church: \_\_\_\_\_ Regularly \_\_\_\_\_ Occasionally \_\_\_\_\_ Seldom

Name of present church \_\_\_\_\_

What is the student's belief about Jesus Christ? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### FAMILY INFORMATION

#### FATHER

Full Name Mr./Dr./Rev./Other \_\_\_\_\_  
(Circle one)

Home Address \_\_\_\_\_  
(If different from student) (Street) (City) (State) (Zip)

Place of Employment \_\_\_\_\_ Position \_\_\_\_\_

Business Telephone Number \_\_\_\_\_ Ext. \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Email \_\_\_\_\_ Work Email \_\_\_\_\_

Father attends church: \_\_\_\_\_ Regularly \_\_\_\_\_ Occasionally \_\_\_\_\_ Seldom

Name of present church \_\_\_\_\_

What is the father's belief about Jesus Christ? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How did the father become a Christian? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**MOTHER**

Full Name Mrs./Dr./Rev./Other \_\_\_\_\_  
(Circle one)

Home Address \_\_\_\_\_  
(If different from student) (Street) (City) (State) (Zip)

Place of Employment \_\_\_\_\_ Position \_\_\_\_\_

Business Telephone Number \_\_\_\_\_ Ext. \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Email \_\_\_\_\_ Work Email \_\_\_\_\_

Mother attends church: \_\_\_\_\_ Regularly \_\_\_\_\_ Occasionally \_\_\_\_\_ Seldom

Name of present church \_\_\_\_\_

What is the mother's belief about Jesus Christ? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How did the mother become a Christian? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**MARITAL STATUS OF PARENTS**

\_\_\_\_\_ Married \_\_\_\_\_ Widowed \_\_\_\_\_ Single \_\_\_\_\_ Separated \_\_\_\_\_ Divorced

Is the student living with both parents?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If no, please explain. \_\_\_\_\_

**LEGAL GUARDIAN** (If different from parents)

Full Name Mr./Mrs./Dr./Rev./Other \_\_\_\_\_  
(Circle one)

Home Address \_\_\_\_\_  
(If different from student) (Street) (City) (State) (Zip)

Place of Employment \_\_\_\_\_ Position \_\_\_\_\_

Business Telephone Number \_\_\_\_\_ Ext. \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Email \_\_\_\_\_ Work Email \_\_\_\_\_

**SIBLINGS**

<u>Name</u>	<u>Birthdate</u>	<u>School Attending</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

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

**EMERGENCY CARE**

Please list an emergency contact in the event parents or guardian cannot be reached.

\_\_\_\_\_  
(Last Name) (First Name) (Address) (Telephone) (Relationship to Student)

Physician

\_\_\_\_\_  
(Last Name) (First Name) (Address) (Telephone)

**TRANSPORTATION**

Please indicate how the student will be transported to and from Fox Valley Christian Academy. Check all that apply.

- \_\_\_\_\_ Public school bus - Appleton (Available morning and afternoon – no mid-day route)
- \_\_\_\_\_ Public school bus - Neenah (Available morning and afternoon – some mid-day routes)
- \_\_\_\_\_ FVCA bus - Menasha area (Available morning and afternoon – no mid-day route)
- \_\_\_\_\_ Car pool line - outside
- \_\_\_\_\_ Parent pick-up - inside

**KINDERGARTEN SESSION PREFERENCE**

\_\_\_\_\_ Half-day Kindergarten - AM session                      8:15-11:15 AM

\_\_\_\_\_ Full-day Kindergarten    8:15 AM-3:15 PM

**TUITION**

Indicate preferred payment plan.

\_\_\_\_\_ Monthly (July-April)

\_\_\_\_\_ Annually (2% discount if paid by July 10)

**BASIS FOR APPLICATION**

Please explain why you desire to have your child attend Fox Valley Christian Academy. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SIGNATURES**

\_\_\_\_\_

(Father)

\_\_\_\_\_

(Date)

\_\_\_\_\_

(Mother)

\_\_\_\_\_

(Date)

\_\_\_\_\_

(Guardian)

\_\_\_\_\_

(Date)

**ATTACHMENTS**

- Copy of birth certificate
- Pre-Kindergarten Developmental Survey
- FVCA Parent Cooperation Agreement
- Registration fee