



APPLICATION FOR ADMISSION, GRADES 1-8

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 _____

Name of current school _____

Current grade _____ Grade for which admission is being sought _____ Proposed entry date _____

Check all applicable descriptors of student's past educational experiences.

- _____ Traditional, contained classroom
- _____ Private/parochial school
- _____ Public school
- _____ Home school
- _____ Special education services/accommodations (e.g., speech therapy, physical therapy, instructional therapies)
Please specify all _____
- _____ Gifted/talented program
- _____ Discipline requiring detention, suspension, or a written behavioral plan
- _____ Retention
Please specify grade level(s) and reasons _____

Please describe any behavioral problems the student has had in school. _____

How does the student respond to discipline, both at school and in the home? _____

What are the student's interests? _____

How does the student interact socially with peers? _____

With adults? _____

Please attach a copy of the student's most recent report card. No decision on admission can be made before the student's cumulative grade reports and behavioral reports are reviewed.

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)
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Physician

(Last Name)	(First Name)	(Address)	(Telephone)
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TRANSPORTATION

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

- _____ Public school bus- Appleton
- _____ Public school bus- Neenah
- _____ FVCA bus- Menasha area
- _____ Car pool line-outside
- _____ Parent pick-up-inside

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
- Most recent report card
- FVCA Parent Cooperation Agreement
- Registration fee