



FAITH CHRISTIAN ACADEMY

Welcome to Faith Christian Academy! We are pleased and excited that your child is joining us for the 2024-2025 school year. Our desire is to foster a learning environment in which God is glorified, children are loved and challenged, and higher level thinking is valued. Families are an essential part of this process and we will invite you to collaborate in our school community throughout the year.

In order to complete your student's file, we need to receive the following items as soon as possible, *specific to the 2024-2025 school year* (if a check-mark appears next to any item below, it means we already have it on file for your child, so you don't need to submit it again ☺):

- _____ Application for Admission
- _____ Tuition Contract
- _____ Medication Policy/Release Form (keep for future reference, as protocol must be followed when medication is needed)
- _____ Supplemental Health Form
- _____ Medical Release
- _____ Photo Release
- _____ Field Trip Release
- _____ Parent/Student Faith Statement Signature Form (discuss with your child & middle school student MUST sign)
- _____ Dress Code (discuss with your child & review throughout the year. Student MUST sign before packet is submitted)
- Parking lot procedures
- _____ Computer/Internet Agreement ALL students (discuss with your child, student MUST sign before packet is submitted)
- _____ Enrollment Essay (All enrolling **and** re-enrolling middle school students annually~
Submit essay by enrollment packet deadline or in a *timely* manner for both 7th & 8th grade)
- _____ Copy of Birth Certificate (**new** students, MUST provide to enroll)
- _____ Current Immunization Records (New enrollment **will not** be accepted without proof of state required immunizations.
***Students entering middle school must have two state required vaccines** prior to middle school enrollment, please ask your doctor if they have gotten them yet).
* Religious exemptions must be **resubmitted annually** on the State's form.
- _____ Book & Material Fee (\$150/K-6th student & \$250/middle school student)
- _____ Registration Fee (\$90.00- **for first time students only**)

_____ Other _____ (EX: Satisfactory written medical protocol for conditions listed **or any** food allergies, most recent report card &/or standardized testing, medical release forms signed by doctor for inhalers & epi-pens at school, modified education plans from previous schools, guardianship or custody agreements, additional tuition contract for your monthly tuition payment amount **if** a partial scholarship has been received from AB165, etc.)

***If any of the examples listed here (to the right) apply to you, you will need to inform us and provide what is needed for enrollment.**

***If you have any questions, we encourage you to contact us~
we look forward to serving your family in the coming school year ☺**

*Please note: if a ✓ mark, or n/a, does not appear next to an item, than we still need it submitted for your child ~ Thanks!

****Enrollment is contingent upon acceptance***

Name of school last enrolled in: _____

*pre-school/primary/secondary educational institutions *if none, please put N/A *If re-enrolling simply put FCA

Has your child been home schooled? If so, please list in what grade(s) (i.e.K-7th): _____

School grade most recently completed _____ Date completed _____

(ENTER THE EXPECTED INFO. FOR THE SCHOOL YEAR THIS APPLICATION APPLIES TO. EXAMPLE: IF STUDENT IS ON TRACK TO COMPLETE 1ST GRADE IN JUNE, AND THIS APPLICATION IS TO BEGIN 2ND GRADE IN AUGUST, ENTER 1ST GRADE ABOVE).

Has your child been identified as having special education need(s)? _____

What special services has your child ever received? (reading, speech, etc.) _____

Does your child have an IEP or 504 Plan (now or ever)? Yes _____ No _____

Has your child been expelled or suspended from a school? Yes _____ No _____

*please inform us if there is a discipline record or behavioral concerns

What is(are) your reason(s) for entering or re-enrolling your child in FCA?

Does your child have any physical and/or other health concerns? _____ If yes, please list:

_____ (more detail can be given on our health form)

What would you like us to know about your child that would help us to best meet his or her educational needs? _____

Is your child the correct age for the enrolling grade (see FCA handbook on website) ____ yes ____ no

Does your family have a home church? Yes ____ No ____ If so, please list church name: _____

Parent/Guardian Signature Date

Parent/Guardian Signature Date

*Please note, **new students enrolling who have attended another school previously** may be asked to sign a release form for a confidential Teacher Survey (from their previous teacher) prior to enrollment.

Application P2

Office Use Only

Birth Certificate on file _____
Immunization on file _____
Custody agreement if app. _____
Health Form _____
Field Trip Release on file _____
Photo Release on file _____
Enrollment Date _____
Internet Agreement _____
Faith Statement _____

Book Fee _____
Reg. Fee _____
Contract _____
Former Teacher's Evaluation _____
Withdrawal/Graduation Date: _____
Dress Code _____



**Please list three *local* emergency contacts for your student
(if FCA can't reach guardians):**

*FCA will call these contacts for pick-up *if* parents can't be reached in the event of illness/injury, school closures, or other unforeseen events. These contacts might also regularly pick-up your student for you.

* If you want to make changes to this list, the parent/guardian must notify the office to update the file.

Name/Relation

Phone Number(s)

_____	_____
_____	_____
_____	_____

If you have a ***consistent*** car-pool, or someone picks your child up on a ***regular*** basis (e.g. weekly), please list them here, so FCA knows you have arranged and approved this ride (they are **not** also an emergency contact for illness or urgent situation pick-up):

Name/Relation

Phone Number(s)

_____	_____
_____	_____
_____	_____

If someone else not listed here is unexpectedly going to pick-up your child, or *even someone on this list* who hasn't regularly picked them up, **please send a note or contact your child's teacher that day** (teachers usually provide their cell numbers for texting) prior to pick-up and/or call the school office. Please inform anyone dropping-off or picking-up your child of FCA procedures and remind them to have their photo ID if it is their first time picking up.

Thank you!

CHECK HERE IF ANY OF THESE CONTACTS ARE
NEW/DIFFERENT THEN WHAT WE'VE HAD ON FILE

Faith Christian Academy

1004 Dresslerville Road, Gardnerville, NV 89460 • (775) 265-0688

TUITION CONTRACT

*This contract serves as notification & agreement to the payment schedule. If monthly payments are chosen, FCA will send an invoice in your child's communication folder each month as a courtesy reminder only. Checks can be made out to FCA.

SCHOOL YEAR _____

*One contract/family- list all siblings enrolling & return with oldest child's application/enrollment pack

Parents'/Guardians' Name(s) _____		Phone () _____
Address _____		
Street	City	Zip
Child's Name	_____	Grade _____
Child's Name	_____	Grade _____
Child's Name	_____	Grade _____
Child's Name	_____	Grade _____
Child's Name	_____	Grade _____
Child's Name	_____	Grade _____

*We look forward to having your child(ren) at our school, and we praise God for the opportunity to serve you and your child(ren).

The following is our agreement concerning tuition for this year (do not include book or enrollment fees):

The total amount of our tuition contract is \$ _____

We are providing an installment plan to make the tuition payments more manageable. This plan allows you to make 10 equal payments of \$_____ starting September 1st with each consecutive payment due on the 1st of each month. Payments are late after the 10th. Please note that all other charges (i.e. late fees, book fees, etc.) will always be paid before your monthly tuition amount. If tuition payments are received after the 15th of the month, a \$10.00 late fee will be charged to your account. As a courtesy, a monthly invoice of your account will be sent home in your student's folder indicating the balance due for tuition and any other charges. In the event your account becomes 30 days delinquent, a billing service charge will be added to the account balance, computed using an 18% annual percentage rate. In the event your account becomes 60 days delinquent during the school year, one of the following remedies will be taken:

1. Payment in full of your past due balance or suspension of your child(ren) from school;
2. Payment in full of your past due balance and the initiation of an automatic withdrawal from your bank account to be paid to the school;
3. Payment in full of your past due balance and the remaining unpaid amount of your contract in full.

We encourage you to **be a faithful steward** of the responsibility which God has entrusted to you. Should you, during the term of our agreement, find it difficult to comply for any reason, please contact us so we can partner in discussing the situation and possible solutions.

- Check here if you plan to make another arrangement. Ex: you were awarded an AB165 scholarship, four equal payments (paying **ahead**, not behind), etc. ~ write your plan (subject to approval by FCA) on the bottom/back of this form or on a separate piece of paper.

() I elect to make full payment by the start of the school year	() I elect the 10 month payment plan
------------------------------------------------------------------	---------------------------------------

Signature _____ Date _____

* **Signature (of the person(s) guaranteeing payment of the account), date, and total amount MUST** be filled in before this form is returned in order for it to be legitimate. The **monthly payment amount** should be filled in if you choose to split your ANNUAL fee in to monthly installments. For your convenience a calculation worksheet & the current tuition table are in the enrollment packet. If your family ends up receiving a scholarship from an outside entity (that is partial or does not end up being fulfilled by said entity), your signature above indicates that you understand you are responsible for the tuition owed. Also, if the scholarship provider does not agree to pay the FULL year's tuition, then the family will need to fill out a separate tuition worksheet that specifies the family's monthly responsibility payment amount.

Please be sure to complete this contract in its entirety to prevent delays in the enrollment process.

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Contract Worksheet

Family Name: _____

<u>Student Name</u>	<u>Grade</u>	<u>Amount</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

Total Contract: _____

Divided by 10 months = payment amount of : _____

* Fees (book/material & registration) are not included in this contract as they are not tuition, are due before this contract/upcoming school year begins, and are non-refundable.

For Office Use Only

Prepared by: _____

Date: _____

*please note, *if* your family receives a **partial** scholarship from an outside organization, we will provide you with a separate calculation worksheet to determine your remaining annual portion and/or monthly payment.

* Nevada State Ed. has a link on their website http://www.doe.nv.gov/Private_Schools/Nevada_Choice_Scholarship_Program/ for private AB165 organizations who provide scholarships to qualifying families(should the program continue). **These scholarships are not provided by FCA**, thus if you choose to apply for one, you must apply directly through the organizations. FCA only becomes a part of the process if an organization awards your family with a scholarship. **EVEN IF YOU INTEND TO APPLY FOR A SCHOLARSHIP &/OR HAVE BEEN AWARDED ONE, FCA STILL NEEDS A COMPLETED TUITION CONTRACT SIGNED BY A GUARDIAN ON FILE, AS ULTIMATELY THE GAURDIAN(S) ARE THE GAURANTOR(S) THAT THE TUITION WILL BE PAID IN A TIMELY MANNER.** Tuition is necessary for FCA to provide the materials, structures, & professionals needed to educate your children. Thank you ☺



Tuition and Fees 2024-2025

Book & Material Fees: K-6th: \$150/Year ~ 7th-8th: \$250/Year

Enrollment Fee (one time for new students): \$90

Grade Level and Family Order	Annual Base Tuition	Monthly (10 payments, September - June)
<u>Kindergarten</u> 8:30-12:30		
<i>1st in family</i>	\$3,221	\$322.10
<i>2nd in family</i>	\$3,060	\$306.00
<i>Additional students above two</i>	\$2,906	\$290.60
<u>Grades 1-6</u>		
<i>1st in family</i>	\$4,540	\$454.00
<i>2nd in family</i>	\$4,313	\$431.30
<i>Additional students above two</i>	\$4,098	\$409.80
<u>Grades 7-8</u>		
<i>1st in family</i>	\$4,833	\$483.30
<i>2nd in family</i>	\$4,614	\$461.40
<i>Additional students above two</i>	\$4,383	\$438.30

Helpful to note:

*When FCA creates your tuition contract we will choose whatever sibling combination gives a family the best discount. For example, if there are three children in the family and one is in middle school, one is in elementary, and one is in kindergarten then we will make the kindergartener the 'first in family' fee amount, elementary the 'second in family' fee, & middle schooler the 'additional students above two' fee. That combination would provide the biggest discount for that family.

*As our handbook demonstrates, each school day has a rate for services rendered, which is multiplied by the 180 school days to calculate an ANNUAL fee. This fee can be split in to ten payments for budgeting purposes, however these payments are not a monthly fee we charge, they are simply the ANNUAL amount broken down in to payments.



SUPPLEMENTAL HEALTH FORM

Student's Name: _____ Age: _____ Birth Date: _____

Home Address: _____
Street City State Zip

Phone#: _____ Health Insurance Provider(Employer): _____

Policy #: _____ Insurance Company: _____

Name of Policy Holder: _____ Physician's Name: _____

1. Is your child presently under any treatment for illnesses or anything health/medical related?

Yes or **NO** (PLEASE CIRCLE ONE)

*PLEASE NOTE THE LEVEL OF TREATMENT FOR ANY ILLNESSES (OR OTHER HEALTH MATTERS) PRESENTLY ADMINISTERED TO YOUR CHILD. USE BACK OF PAPER IF NEEDED.

2. List any medications your child is presently taking (what/how often):

***IF YOU LIST A NON-SEASONAL ALLERGY, WE NEED YOUR WRITTEN INSTRUCTIONS ON HOW YOU WANT US TO HANDLE THIS ALLERGY** EXAMPLES: CAN THEY SELF-MONITOR & EAT SNACKS SENT IN FOR BIRTHDAYS, ETC? (this does not mean staff-monitored, as staff cannot guarantee ingredients of foods sent in, self-monitor means your child is able to discern for themselves what is safe for their consumption) ARE THEY ONLY TO EAT FOOD SENT FROM HOME? HAVE THEY BEEN SEEN/DIAGNOSED BY A DOCTOR FOR THE ALLERGY SPECIFIED?

***IF, IN PREVIOUS YEARS, YOU LISTED AN NON-SEASONAL ALLERGY (OR ASTHMA, ETC.) THAT YOU ARE NO LONGER LISTING, WE NEED A WRITTEN LETTER FROM YOU EXPLAINING WHY IT IS NOT LISTED(SO WE KNOW IT WASN'T AN OVERSIGHT, BUT IS NO LONGER A HEALTH CONCERN WE NEED TO BE AWARE OF).**

*** If your child has been prescribed an inhaler or epi-pen, but you are choosing not to send a written protocol about it(or the prescribed device to be kept at school), take note that it might limit our ability to know and meet your child's needs if we do not have proper WRITTEN information & recommended medical devices provided by you. Verbal notification is not sufficient.**

***NO MEDICATIONS CAN BE AT SCHOOL WITHOUT FOLLOWING THE MEDICATION RELEASE FORM PROTOCOL; MEDICATIONS CANNOT BE ON THE PREMISES WITHOUT THE MEDICATION FORM, OR EQUIVALENT, COMPLETED. PRESCRIPTIONS REQUIRE A PHYSICIAN'S RELEASE, AS STATED ON THE MEDICATION RELEASE FORM. PLEASE DO NOT SEND ANY MEDICATIONS TO THE SCHOOL WITHOUT THE FORM COMPLETED CORRECTLY. THE FORM IS IN THIS PACKET & IS EASILY ACCESSED FROM OUR WEBSITE, SHOULD YOU NEED ONE AT ANY POINT DURING THE YEAR. PARENTS HAND MEDICATION DIRECTLY TO A STAFF MEMBER WHO WILL MAKE SURE IT IS STORED SAFELY. THANK YOU FOR YOUR DILIGENCE IN THIS MATTER. (EX: Penicillin, inhalers, epi-pens, Tylenol, cough medicine, etc.)**

3. Has your child been diagnosed with asthma? **Yes** or **NO** (PLEASE CIRCLE ONE)

4. IS IT POSSIBLE THAT YOUR CHILD WILL/MIGHT BRING THEIR EPI-PEN &/OR INHALER TO SCHOOL TO USE THEMSELVES AS NEEDED?

PLEASE CHECK YES OR NO: _____ YES _____ NO Please Explain: _____

IF SO, A SELF-ADMINISTRATION OF MEDICATION FORM MUST BE FILLED OUT EACH NEW SCHOOL YEAR AND KEPT ON FILE IN OUR SCHOOL OFFICE. THIS FORM CAN BE PRINTED FROM OUR WEBSITE (WWW.CVCALVARYCHAPEL.ORG) UNDER THE FCA LINK, OR PICKED-UP IN THE SCHOOL OFFICE. PLEASE MAKE SURE YOU OBTAIN, & TURN IN, THIS FORM.

5. Is your child allergic to any medications which may be administered in an emergency situation by a licensed physician? If so, what: _____

6. Are there any medical restrictions to your child's activity? If yes, please explain: _____

7. Are there any further medical instructions we should be aware of regarding the care of your child? (i.e. food allergies, etc.) _____

 ***MEDICAL RELEASE***

In the event of an emergency where medical treatment is required, I (We) give my (our) permission to Faith Christian Academy and/or their representatives to obtain the services needed to treat our child,

(Child's name)

Furthermore, I/We do hereby consent to any X-Ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under, the general or special supervision of any physician(s) and/or surgeon(s) licensed under the provision of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at office of said physician or at said hospital. This authorization is given in advance of any specific diagnosis, treatment or hospital care rendered and is given to provide authority to Faith Christian Academy and/or its representatives for any and all such diagnosis, treatment or hospital care which the aforementioned physician(s), in the exercise of his best judgment, may deem advisable.

_____ *Date:* _____
Custodial Guardian's Signature

_____ *Date:* _____
Custodial Guardian's Signature

Medication Release Forms

*** WE WILL NOT ADMINISTER A MEDICATION WITHOUT THIS FORM COMPLETED SPECIFIC TO THAT MEDICATION. If your child has no medication needs at this time, please keep a copy of this form at home, or print one from our website to complete and submit with medication as soon as you know you will need it given at school (at any time during the school year unexpected illnesses or injuries could occur, making this form necessary).**

OVER-THE-COUNTER

My child, _____, requires medication during the school day. In the case of over-the-counter medication, I agree to deliver the medication to the school office in the original container. (Please consult your physician before asking us to administer aspirin to your child).

Over-the-counter medication:

I authorize the school to assist my child in taking his/her medication, and I agree that I will not hold liable the school, or any individual of official capacity who is directed by myself and/or the school administration to assist my child in taking said medication.

MEDICATION: _____

DOSAGE: _____ TIME(S) TO BE GIVEN AT SCHOOL: _____

(Specify time(s), 'as needed' is not enough information, **we must know when they last had it** and only give it when enough time has passed since the last dosage *according to the container*).

REASON(S) NEEDED: _____

SPECIFIC INSTRUCTIONS: _____

PARENT SIGNATURE

DATE

PRESCRIPTION (whether temporary or on-going)

***PRESCRIPTION MEDICATION MUST BE DELIVERED TO THE SCHOOL BY PARENT/GAURDIAN WITH THE PHARMACY LABEL AFFIXED, INCLUDING THE CHILD'S NAME, PHYSICIAN'S NAME, DATE MEDICATION WAS PRESCRIBED, & THE NAME OF THE MEDICATION. THE STATEMENT BELOW, OR ANOTHER FORM USED BY YOUR PHYSICIAN WITH THIS INFORMATION, MUST ACCOMPANY THE PRESCRIBED MEDICATION.**

PHYSICIAN'S STATEMENT:

The above named child, _____, requires medication during the school day as follows:

MEDICATION: _____

DOSAGE: _____ TIME TO BE GIVEN: _____

SPECIAL INSTRUCTIONS:

If this is for an inhaler or epi-pen, is this considered life threatening, so they should have the device near/on them at all times? ____yes ____no &/OR Is this device considered precautionary? ____ yes ____ no

THIS ORDER IS IN EFFECT UNTIL (if there is an expiration, otherwise leave blank): _____

PHYSICIAN'S PRINTED NAME

PHYSICIAN'S SIGNATURE

DATE

*PLEASE BE SURE TO COLLECT ANY UNUSED MEDICATION, OR EMPTY CONTAINERS OF MEDICATION, YOU'VE PROVIDED FOR YOUR CHILD WHEN THEY ARE DONE WITH IT.
DO NOT LEAVE IT AT FCA. Thank you ☺



STUDENT FIELD TRIP PERMIT

Student's Name: _____ Date: _____

Current Height: _____ Current Weight: _____

- Is your child required to use a car seat/ booster seat according to the law's guidelines? _____ Yes _____ No

If so, any time your child's class takes a field trip, you will need to provide the car seat. If this changes during the school year, please send a note.

*Note: Current NRS 485B.157 law states children must use booster seat if less than six years old **and** under 57 inches tall.

- Are there any medical devices or other items your child must have with them at all times? (medically or otherwise necessary for functioning) _____ Yes _____ No

If so, please explain what (it is the responsibility of the guardian to provide this item)

I (We) hereby consent to have my (our) child participate in field trips away from school grounds, supervised by the staff. I understand that I will have advance notification of the destination, time, and date of any and all field trips sponsored by Faith Christian Academy.

I authorize Faith Christian Academy and/or its representatives to call an emergency ambulance in case of accident or acute illness at school or on a field trip, and to cooperate with medical professionals in arranging for any necessary emergency medical and/or surgical care in the event that I (we) am (are) not immediately available. Any medical personnel and/or facility that respond to this emergency services call may provide medical services, treatment, transportation, and whatever they deem necessary for the health and well being of my child.

I understand that a conscientious effort **will** be made to notify me (us) before any such action will be taken.

I/We agree to accept responsibility for the cost of the above medical services.

CHECK HERE IF THIS IS A NEW PHYSICIAN FOR YOUR CHILD

PHYSICIAN'S NAME: _____ PHONE: _____

ADDRESS: _____
Street City State Zip

EMERGENCY CONTACT IF UNABLE TO REACH PARENTS:

NAME: _____ PHONE: _____

Father or Custodian Signature Date

Mother or Custodian Signature Date



Photo Release

I hereby grant permission for my child, _____, to have his/her photograph taken while enrolled at Faith Christian Academy (FCA).

I understand that photographs taken at school may be submitted to newspapers, published in the school yearbook or newspaper, displayed on a school bulletin board, or displayed on a website. The school **does not** post any photos to the FCA website, however sometimes fieldtrip destinations or news media sites will post photos to their websites. For example, when Science Fair winners' photos were posted to news websites, when Bethlehem Lutheran posts photos of Knowledge Bowl winners, and when Fleet Reserve Association essay contest winners' were photographed for the FRA's newsletter, online publication, and the local newspapers.

Additionally, FCA is not responsible for photos taken at events or school by other parents, family members, and friends who happen to capture an image of your child and consequently post it on their websites and/or display them elsewhere.

Parent/Guardian Signature

Date

I grant permission for my child's photograph to be released to all of the above with the following exception(s):

- _____
- _____
- _____



Parent/Guardian Signature

(only sign here if you specified exceptions)

STATEMENT OF FAITH:

WE BELIEVE that there is one living and true GOD, eternally existing in three persons: the Father, the Son, and the Holy Spirit, equal in power and glory: that this triune God created all, upholds all, and governs all.

WE BELIEVE that the SCRIPTURES of the Old and New Testaments are the Word of God, fully inspired without error in the original manuscripts, and the infallible rule of faith and practice.

WE BELIEVE in GOD THE FATHER, an infinite, personal Spirit, perfect in holiness, wisdom, power and love, that He concerns Himself mercifully in the affairs of men; that He hears and answers prayer; and that He saves from sin and death all who come to Him through Jesus Christ.

WE BELIEVE in JESUS CHRIST, God's only begotten Son, conceived by the Holy Spirit. We believe in His virgin birth, sinless life, miracles and teachings, His substitutionary atoning death, bodily resurrection, ascension into heaven, perpetual intercession for His people and personal, visible return to earth.

WE BELIEVE in THE HOLY SPIRIT, Who came forth from the Father and Son to convict the world of sin, righteousness, and judgment, and to regenerate, sanctify and empower for ministry all who believe in Christ; we believe the Holy Spirit indwells every believer in Jesus Christ and that He is an abiding Helper, Teacher and Guide. We believe in the present ministry of the Holy Spirit and in the exercise of all the Biblical gifts of the Spirit.

WE BELIEVE that all PEOPLE are sinners by nature and choice and therefore, are under condemnation; that God regenerates by the Holy Spirit those who repent of their sins and confess Jesus Christ as Lord; that Jesus Christ baptizes the seeking believer with the Holy Spirit and power for service, often subsequent to regeneration.

WE BELIEVE in the universal CHURCH, the living spiritual body, of which Christ is the Head and all regenerated persons are members.

WE BELIEVE that the Lord Jesus Christ committed two ORDINANCES to the Church: 1) baptism, and 2) the Lord's Supper. We believe in baptism by immersion and communion open to all believers.

WE BELIEVE in the personal, visible RETURN OF CHRIST to earth and the establishment of His Kingdom, in the resurrection of the body, the final judgment and eternal blessing of the righteous and endless suffering of the wicked.

WE BELIEVE that legitimate sexual relations are exercised solely within marriage. The Calvary Chapel "Statement of Faith" further elaborates upon this matter.

WE BELIEVE marriage has been ordained by God. This Church recognizes marriage as exclusively the legal union of one man and one woman in which such union is a lifetime commitment. (Genesis 1:26-28; Malachi 2:15 and Mark 10:6-9)

WE BELIEVE that in order to maintain the integrity of the Church and our biblical witness that every minister, board member, employee, or volunteer shall affirm their agreement with the full Statement of Faith and shall conduct themselves in a manner that is consistent therewith.

At least one parent of students enrolling from outside the school must be a Christian who is in agreement with the Calvary Chapel "Statement of Faith," who is not participating in practices that are in known violation of law, or are inconsistent with the Calvary Chapel "Statement of Faith" including, but not limited to, the provision on human sexuality. (The full statement on human sexuality is available to parents of prospective or current students in the school office.)

-----please sign below, detach here, and return bottom portion-----



Parent/Student Statement of Faith K-6th Signature Form



Enrollment Requirement:

We have found that the Christian education experience is most successful when parents and teachers are co-laboring in the spiritual education of our students. For this reason, we require at least one parent be a Christian as outlined in the Calvary Chapel Statement of Faith.

I agree to support my child in his or her Christian walk, including his or her education. I affirm that I am a "born again Christian" who knows the Lord Jesus as Savior. (John 3:3, I Peter 1:23)

Parent or Guardian Signature

Date

Name of Student

Parent/ Student Statement of Faith & Signature Form **Middle School**

Parent/ Student Statement of Faith

Dear Parents and Students,

Please read the following material carefully. **Sign the appropriate blanks, attach the student admission essay to this paper** (for new students & returning students who are just entering middle school for the first time), **and return to the FCA school office.**

What does it mean to be a Christian? When a person becomes a Christian, there is a definite point in his or her life when he or she comes before the Lord Jesus Christ and gives his life back to the God who created him. This is a commitment that each person must make on his or her own. If you have never bowed your head and asked Jesus into your heart you might want to consider this choice now.

Once a person gives his life to Jesus, the Lord enters his or her heart and makes him or her a new creation. Simply going to church does not make a person a Christian any more than going to your garage makes you a car. Church is important to a believer's growth and maturity, but the bottom line is that a true believer *believes*.

Each student enrolling in seventh and eighth grades is required to submit an **ungraded** essay when their enrollment packet is returned (annually). The essay is due **prior to enrollment acceptance** and should be whatever length is necessary (one paragraph or several pages) for the applying student to fully express themselves and adequately describe the following:

- Their reasons for personally desiring to enroll in FCA middle school.
- How he or she became a Christian.

Only students who desire a distinctly Christian education and environment, who have become Christians themselves, and who are willing to live as Christian role models (as interpreted by the school board, using biblical principles) will be considered for enrollment. Enrollment privileges will be

withdrawn if, during the course of a year, the student's desires and commitments change on any of these three points.

Faith Christian Academy also requires that at least one parent of each seventh or eighth grade student be a Christian.

Seventh graders must be no older than 13 years old on September 30th of the year of enrollment. Eighth graders must be no older than 14 years old on September 30th of the year of enrollment.

Please sign and return this document:

Student:

I affirm that I have become a Christian, and that I want to have a Christian education. I am committed to living as a Christian role model.

Student Signature

Date

Parents:

I affirm that at least one parent of this student is a Christian who is in agreement with the Calvary Chapel "Statement of Faith" and is committed to communicating according to Biblical standards, who is not participating in practices that are in known violation of law, or are inconsistent with the Calvary Chapel "Statement of Faith" including, but not limited to, the provision on human sexuality. (The full statement on human sexuality is available to parents of prospective or current students in the school office). I agree to support my child in his or her Christian walk, including his or her education. I attest to the fact that my child meets the age requirements for his or her grade level.

Parent/Guardian Signature

Date

FAITH CHRISTIAN ACADEMY GRADE COMPUTER/INTERNET USAGE AGREEMENT

Access to the Internet is a wonderful opportunity to educationally interact with the world at large. The opportunity brings with it a number of responsibilities. In order to use the internet services available at FCA, you must read the following information and sign the computer/internet agreement that follows.

1. The use of any FCA computer/chromebook which provides access to the Internet is a privilege which may be revoked by instructors, staff, or administrators at any time for abusive or inappropriate conduct. Such conduct would include, but is not limited to, the placing of unlawful information on or through the computer, system, accessing another person's files or e-mail, and the use of obscene, abusive, or otherwise objectionable language or images in either public or private files or messages.
2. FCA reserves the right to inspect any material stored in files to which users have access. Users of the computers/Internet will not use their account to obtain, view, download, or otherwise gain access to potentially objectionable materials. This includes text materials, video images, or sound files that may be considered objectionable.
3. FCA's Internet access is provided for educational purposes under the direction of the staff, with staff present any time students use the internet.
4. Student accounts are to be used for **FCA academic assignments only**. Gaming, social media, chats, and other non academic activities are not permitted while on student accounts, **whether in or out of school**.
5. Rules and regulations of system usage will be added and posted from time to time by the faculty/administrators. Users of computers/Internet are subject to these rules and regulations.
6. Deletion, examination, copying, or modification of files and/or data belonging to other users without their prior consent is prohibited.
7. Any unauthorized, deliberate action which damages or disrupts a computing system (including the willful introduction of computer "viruses" or other disruptive/destructive programs), alters its normal performance, or causes it to malfunction is prohibited. Intentional attempts to "crash" network systems or programs are punishable disciplinary offenses.
8. Students shall not add our physical location to be a part of any online games.
9. At designated times students will be permitted to bring personal technology devices to school for certain lessons/activities. All internet rules above apply to those devices when at school. FCA is not liable or responsible for loss or damage to students' personal devices.
10. I give permission for my child to use Faith Christian Academy computing systems, Google Classroom, and FCA approved digital applications while enrolled at Faith Christian Academy. (Students don't usually use until 3rd grade; however, teachers sometimes use apps through the internet for them).

COMPUTER/INTERNET USAGE AGREEMENT

I have read the Faith Christian Academy Computer/Internet Usage Agreement, understand it, and agree to adhere to the principles and procedures listed within. I also understand that additional rules and regulations may be added from time to time and that they become a part of this agreement. Should I break this agreement, I understand that I may lose all computer/Internet privileges and further disciplinary action(s) may be required.

Student Signature

Date

Parent/Guardian Signature

Date

*INDICATES PARENT HAS ATTEMPTED TO EXPLAIN THE POLICY
IN TERMS THEIR CHILD UNDERSTANDS, &/ OR CHILD HAS READ

*Do not submit enrollment packets without **required student signature** above



Dress Code:

. . . “dress modestly, with decency and propriety.” (I Timothy 2:9)
“And whatever you do, whether in word or deed, do it all in the name
of the Lord Jesus.” (Colossians 3:17)

*It is helpful for parents to review the dress code monthly with their children, noting any areas their children may need reminders on

School dress should first and foremost be pleasing to our Lord. Secondly, it should be practical for an active and sometimes messy school day. To this end we have established the following dress policies:

- ◆ Hats may not be worn in a building, outdoors only
- ◆ Shoes worn by elementary students should be flat soled and have a closed toe. Platform shoes, or those with a high heel, can cause injuries to active young children.
- ◆ Middle school students should wear sports shoes during P.E. Shoes with a moderate heel may be worn at other times with parent approval.
- ◆ Shirts should cover the midriff area and have sleeves or straps of at least **one inch** in width. The **straps** are to be over-the-shoulder only, no racer-back, criss-cross, or spaghetti strap tanks. **Necklines/armholes should not be revealing.**
- ◆ **Clothing should not have symbols, logos or company names. Plain shirts work best.**
 - ◆ Exceptions:
 - Christian clothing, such as VBS shirts or
 - Christian T-shirts (not promoting artists, but scriptures and the Lord, etc.)
 - School T-shirts and clothing
 - Students who are on sports teams may wear team jerseys on game days.
- ◆ Underclothing should be worn *under* the clothing. ☺ Please, no straps or portions of underclothing visible.
- ◆ Shorts may be worn, but should at least be long enough to come to the **mid-thigh area**. The waist of pants or shorts should be worn at the waist or upper hip, **not below the hip area**. Waistbands should provide adequate coverage when sitting, standing, and engaging in active play at school (parents, please check your students for adequate coverage).
- ◆ Jewelry, if worn, should be simple and small. Long (dangly) earrings pose a risk of injury during active times, and therefore should not be worn at school by elementary students, and should not be worn during P.E. by middle school students.
- ◆ **No** makeup may be worn by elementary school students except if given specific permission for dramatic presentations with moderation &/or appropriate to the part.
- ◆ If makeup is worn by middle school students it must be **moderately** applied, and approved by parents.
- ◆ Any item of clothing which could also be used as a weapon is prohibited (wallet chains, studded chokers, etc.).
- ◆ **NOTE: School employees use their own discretion in determining** if a mode of dress or makeup, whether or **not specifically covered** in this code, is in violation of the codes stated purpose.

-----Cut, Sign, & Return -----

I have read the dress code policy with my child and will partner with staff by cooperatively respecting their discretion and FCA guidelines in regard to what my child wears *at FCA during the school day, or for any school related functions.*

Parent Signature(s)

Student Signature

Date

*Do not submit enrollment packets without student signature here



Drop-Off/ Pick-Up /Parking Procedures

PLEASE READ THE ENTIRETY OF THESE IMPORTANT SAFETY PROCEDURES THAT MUST BE FOLLOWED

- Only use the East parking lot for **pull-through** drop off and pick up.
- *DO NOT* park in this East lot at any time during school hours, drop-off, or pick-up.
- *Be sure to pull **all the way** through to the **front** of the curb* (closest to the main church building where the curb is cut for wheelchair access) so there is room for cars to come in behind you & pull-up to the curb. Even if you see no other cars coming when you pull in, pull all the way to the front always.
- If the curb is full, please wait; **do not** let children out in the driving lane or planters. ONLY LET CHILDREN OUT ON THE CURBSIDE OF THE CAR in the East lot.
- Have children get out of the car on the **curb side** of the vehicle (not lot side or behind vehicle). Students exit the vehicle **directly** getting onto the sidewalk.
- Be sure to pull forward to the front of the line as soon as your children exit the vehicle and are on the sidewalk heading to class and as vehicles in front of you exit, do not stay at the back of the curb.
- Please, do not at any time leave your car unattended with the engine running!
- Animals should not be at school, but if there is one in your car please have it crated, or an adult's hand restraining it by collar, so there is no possibility of the animal getting out of the vehicle or partially out of windows/doors at any time, nor making contact with anyone as staff load children.
- Kindergarteners are picked up at 12:30 from the **West** lot near the back sanctuary door, parents do not park up front but in the west lot, where parents walk up all the way **onto the sidewalk** to retrieve their child and *hold their child's hand* when walking to the car.
- The **front parking lot** is designated for stationary parking. Please use this lot if you wish to:
 - talk to another adult
 - **check your phone** (*do not do this at pull through curb*)
 - take your child to class
 - meet with car pool members to transfer students
 - help children with child safety seats
 - pick your child up for an appointment
 - drop something off to the class
 - **Anything** besides dropping-off/picking-up your child at the pull-through curb
- Others transporting your child to and from school **MUST** be informed of these procedures by you.



Thank you for your **required cooperation** with parking lot procedures.

Our desire is to provide a safe, orderly environment for our students as he or she comes to and from school.



Parent Signature(s) _____ Student Name(s) _____ Date _____