



Faith Christian Academy

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Wes Clark - Administrator

Josh Grubbs - Senior Pastor

Application for Admission

Grade applying for: _____ Date: _____

Name of Student: _____
Last First Middle

Name student prefers to be called: _____, SS# _____

Physical Address: _____

Mailing Address: _____

Home Phone # _____ Other Phone # _____

Emergency Contact: _____ Phone # _____

Date of Birth _____ Sex _____ U.S. Citizen? _____

(If no, immigration status is required to be on file.)

Father's Name _____ Employer _____

Work Phone # _____ Cell Phone # _____

Email Address _____

Mother's Name _____ Employer _____

Work Phone # _____ Cell Phone # _____

Email Address _____

Who is legal guardian of student? _____

Siblings enrolled at F.C.A. _____ Age(s) _____

Church attending _____ Pastor _____

A Ministry of Faith Baptist Tabernacle

For School Office Use Only

Reg. _____ Books _____ Half Day _____ Full Day _____ Lab Fee _____ Test Fee _____ Tested _____

Activity Permit

Event: Field Trips and School Sponsored Trips Away From School Premises

To Whom It May Concern:

As a parent/guardian, I do hereby authorize Faith Christian Academy at Faith Baptist Tabernacle and their representatives to secure any medical treatment necessary, which if delayed may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort. I will in no way hold Faith Christian Academy or Faith Baptist Tabernacle and their representatives responsible in the event of an accident that may harm my child.

My child, _____, has my permission to travel to any of the above mentioned. I, _____, am the _____ of the child.

Relationship

Dates when release is intended for August 20__ through May 20__.

This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Parent/Guardian Signature

Address: _____

Phone: _____ D.O.B. _____

Allergies: _____

Medication Taking: _____

Parent's Name: _____

Employer: _____ Wk. Ph. _____

Insurance Company: _____ Policy #: _____

Parent's Signature: _____ Date: _____

Statement of Cooperation

I give Faith Christian Academy permission for my child to take part in all school activities, including field trips and school sponsored trips away from school premises. I also believe that discipline is necessary for the welfare of each student, as well as for the entire schools. I give permission for my child's teacher and/or other agent of the school to make and enforce classroom regulations in a manner consistent with Christian principles and discipline as set forth in the Scriptures if deemed necessary by school authorities. I agree to support the educational standards of this school by helping my child with any area of academics they may be struggling in, and I will ensure any homework assigned is completed. I agree to read and support the guidelines as set forth in the handbook, as well as, the demerit system of discipline. I also agree to ensure that my child follows the school handbook and demerit system of discipline as outlined by the faculty of Faith Christian Academy. I further agree to hold the school and its agents harmless for any liability to my child or any guardian or parent thereof because of any injury to my child. Should legal action, for any reason, be taken against Faith Christian Academy or any employee or agent thereof on my child's behalf, and the school or its agent not be found at fault. I agree to pay any attorney fees, court fees, damages or other costs that Faith Christian Academy or its agents should incur to defend itself against such action.

Father's Signature: _____ Date: _____

Mother's Signature: _____ Date: _____

Note: It is understood that Faith Christian Academy has the right to accept or reject a student, as it deems advisable.

Faith Christian Academy admits students of any race, color, national or ethnic origin to all the rights, privileges, programs, and activities generally made available to students of this school. It does not discriminate on the basis of race, color, national or ethnic origin in the administration of its educational policies, admission policy, and other school-administered programs.

How did you hear about us?

____ Facebook ____ Website ____ Internet Search ____ Newspaper

____ Friend: _____

Please provide their name(s)

____ Other: _____

Student Information

List any know allergies: _____

List any medications: _____

Any physical limitations? _____

If yes, please give brief description: _____

Date of last physical: _____

Date of last tetanus: _____

(COPY OF CURRENT SHOT RECORDS MUST ACCOMPANY THIS APPLICATION)

Student Pick-up Information

We are required by state law to have on file for each child here at the school designated adults allowed to pick up your child. This list will be kept on file in the school office and will be used to verify who is allowed to pick up your child. No one will be permitted to pick up a child from school whose name is not on the list. Identification will be required.

Name of Child _____

1. _____ Phone _____

2. _____ Phone _____

3. _____ Phone _____

4. _____ Phone _____

The above may pick up my child.

LEGAL CUSTODY

Please be aware that in the case of legal divorce, we must have a copy of legal custody documents in the child's file in order to keep a parent from picking up his/her child. Please indicate below if this is the case and provide us with the legal document stating so.

_____ **DOES NOT** have permission to pick up my child. I have provided legal documents to this effect.

Legal Guardian Signature

Date

FCA School Medication Authorization Form

To be completed by the child's parent(s)/guardian(s). A new form must be completed every school year. Keep in the school nurse's office or, in the absence of a school nurse, the building's main office.

Student's Name: _____ Birth Date: _____
Address: _____
Home Phone: _____ Emergency Phone: _____
School: _____ Grade: _____ Teacher: _____

To be completed by the student's physician, physician assistant, or advanced practice RN:

Physician's printed name: _____
Office Address: _____
Office Phone: _____ Emergency phone: _____
Medication Name: _____
Purpose: _____
Dosage: _____ Frequency: _____
Time medication is to be administered or under what circumstances: _____

Prescription Date: _____ Order date: _____ Discontinuation Date: _____
Diagnosis requiring medication: _____
Is it necessary for this medication to be administered during the school day? Yes No Expected
side effects, if any: _____ Time
interval for re-evaluation: _____
Other medications student is receiving: _____

Physician's signature Date

For only parents/guardians of students who need to carry asthma medication or an EpiPen®:

I authorize Faith Christian Academy and its employees and agents, to allow my child or ward to possess and use his or her asthma medication and/or epinephrine auto-injector: (1) while in school, (2) while at a school-sponsored activity, (3) while under the supervision of school personnel, or (4) before or after normal school activities, such as while in before-school or after-school care on school-operated property.

If you agree, please initial: _____ Parent(s)/guardians(s) For all
parents/guardians:

By signing below, I agree that I am primarily responsible for administering medication to my child. However, in the event that I am unable to do so or in the event of a medical emergency, I hereby authorize Faith Christian Academy and its employees and agents, in my behalf, to administer or to attempt to administer to my child (or to allow my child to self-administer, while under the supervision of the employees and agents of the school District), lawfully prescribed medication in the manner described above. I acknowledge that it may be necessary for the administration of medications to my child to be performed by an individual other than a school nurse and specifically consent to such practices, and I agree to indemnify and hold harmless the School District and its employees and agents against any claims, except a claim based on willful and wanton conduct, arising out of the administration or the child's self-administration of medication. In the event that my child needs over the counter medication (Ibuprofen, Acetaminophen, Diphenhydramine, Antibiotic Ointment, Antihistamine Cream) they will come to the front office, the parent will be contacted, and permission will be obtained before it can be administered. No medication will be administered without consent regardless of age. Any medication administered will be documented for time, dosage, and purpose.

_____ Parent/Guardian printed name

_____ Parent/Guardian signature* Date

* Both parents and/or guardians, if available, should sign.

_____ Parent/Guardian printed name

_____ Parent/Guardian signature* Date