**FAITH TRAINING CHRISTIAN ACADEMY**

Deana Cole – High School Principal

Kim Reese – Elementary Principal

“Train up a child in the way he should go, and when he is old, he will not depart from it.” Proverbs 22:6

**STUDENT APPLICATION**

7th- 12th grade

**Please include the following with the completed application: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*\*Application process cannot be completed until all forms have been submitted. \*\***

1. Copy of birth certificate -K4 must be **four** years of age and K5 must be **five** yearsof age on or before **September 30th**.
2. Copy of Social Security Card
3. Immunization records (white Louisiana shot card).
4. Copy of latest report card or official high school transcript (except for K4 and K5)
5. $200 **non-refundable** registration fee.

**\*\*ALL ITEMS ARE DUE BEFORE STUDENT ATTENDS SCHOOL\*\***

**GRADE ENROLLING: \_\_\_\_\_\_\_\_ SCHOOL YEAR: AUGUST 20\_\_\_\_\_**

**SELECT ALL THAT APPLY**

**Race:** \_\_\_ Am. Indian \_\_\_ Asian \_\_\_Black \_\_\_Pacific Islander \_\_\_White

**Ethnicity: \_\_\_**Hispanic \_\_\_Non-Hispanic **Gender:** \_\_\_Male \_\_\_Female **Birthdate**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Legal Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (LAST) (FIRST) (MIDDLE)

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City/State/Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*At least one parent email is required\*\***

Father’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Please list ranks, titles, etc.)

Mother’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Please list ranks, titles, etc.)

**IF PARENTS ARE SEPARATED OR DIVORCED, WITH WHOM DOES THE CHILD LIVE?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*If there is a change in marital status or a custody agreement, you must inform the school of the information change.

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**Local Emergency Contact** (if parent cannot be reached):

\*\*DO NOT NAME FATHER OR MOTHER OR LEGAL GUARDIAN AS EMERGENCY CONTACT! \*\*

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation to Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alt.#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**\_\_\_\_ I am aware of the school policy for medical emergencies. If an emergency arises, all attempts will be made to contact me. If I or my emergency contacts are unable to be reached and it is deemed a medical necessity, 911 will be contacted.**

Do you have other children enrolled at FTCA? (Please list) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have a home church? ( ) Name of Church \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HOME PORTAL**

This is our online grading system. You will be able to log in to view grades/attendance information, as well as your child having access to assignments. Parents and students will have a user name and password assigned.

\*\*Do you want anyone else to have access? (Grandparents/Step-parents, etc.)

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SCHOOL HISTORY**

Last school attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your child ever been required to withdraw (involuntarily) from a school? \_\_\_\_\_

Has your child ever failed? \_\_\_\_\_

**SPECIAL EDUCATION**

Has your child ever been recommended for or received the following:

 Remedial Education? \_\_\_\_\_\_ When? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Resource Instruction? \_\_\_\_\_ When? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your child been diagnosed as having any of the following:

 Attention Deficit Disorder? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Hyperactivity? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Specified Learning Disability? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IF YOU ANSWERED “YES” TO ANY OF THE ABOVE, PLEASE SPECIFY THE DETAILS BELOW:**

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

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

Please complete a school medication form for any medication taken during the school hours…this includes any over the counter medication (cough drops, Tylenol, Motrin, etc.). All medications taken at school MUST be in the original container. All prescribed medication must be in the child’s name in the original container.

**Parent Designee**

To provide a safe environment for each student, we are asking for your assistance. Under the VISITOR section in our student handbook, it states, “*Students may be released ONLY to parents or parent designee.”* Please complete this portion with the names of those adults to whom you have given permission for your child to be released.

**My child may be released to the following adults in my absence:**

\*\*If this information changes, please inform the office\*\*

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NOTE:** Due to the academic nature of the program at Faith Training Christian Academy, it is recognized that some children may not be able to achieve the standards expected for them at that grade level. When, in the opinion of the administration, the student’s educational, emotional, or physical needs cannot be met within the regular classroom, the student may not be able to complete the remainder of the year. Furthermore, the parent will not be permitted to re-register his/her child for the following school year.

**STATEMENT OF COMMITMENT**

Because the education of children is a cooperative venture between parents and the school, I/we agree to abide by and uphold the policies and regulations of Faith Training Christian Academy as set forth by the administration in the student handbook. I also understand that it is my responsibility to make sure that all my child’s records are up to date.

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

(Parent’s Signature) (Parent’s Signature)

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**OFFICE USE ONLY:**

* ADMISSION DATE: \_\_\_\_\_\_\_\_\_\_\_\_
* REG/RES FEE: \_\_\_\_\_\_\_\_\_\_\_\_
* REPORT CARD: \_\_\_\_\_\_\_\_\_\_\_\_
* BIRTH CERTIFICATE: \_\_\_\_\_\_\_\_\_\_\_\_
* IMMUNIZATION REC.: \_\_\_\_\_\_\_\_\_\_\_\_
* SOCIAL CARD: ­­\_\_\_\_\_\_\_\_\_\_\_\_
* STUDENT ID: \_\_\_\_\_\_\_\_\_\_\_\_
* FAMILY ID: \_\_\_\_\_\_\_\_\_\_\_\_

**Authorized Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Statement of Cooperation and Policy Statement**

●It is my understanding that the policy of the school is to make no refunds on the Application/Registration Fee.

●I give Faith Training Christian Academy permission for my child to take part in all school activities, including bus field trips, sports activities, and school-sponsored trips away from the school premises.

●I also believe that discipline is necessary for the welfare of each student, as well for the entire school.

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. ●Should legal action, for any reason, be taken against Faith Training 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 Training Christian Academy or its agent should incur to defend itself against such action.

●If I choose to use the school bus as a form of transportation for my child(ren), I fully understand that my child(ren) will be under the same disciplinary guidelines as in the Faith Training Christian Academy Handbook.

●This Statement of Cooperation will be in effect for as long as my child(ren) listed (or others to be enrolled) attend Faith Training Christian Academy, whether it be in the preschool, kindergarten, elementary, or junior-senior high.

●Faith Training Christian Academy admits students of any race, color, and national or ethnic origin.

●I understand that if payment has not been received by the 10th of the month, or, if no arrangements have been made with the Business Office, the student(s) affected will be dismissed. Also, no transcripts will be released if my account is not paid in full.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have fully read and understand the policy for Faith Training Christian Academy as outlined in the handbook regarding parental responsibilities, school dress code, school honor code, school code of conduct, classroom standards of behavior, disciplinary actions, admission policy, attendance policy, financial policy, health policy, medication policy, security policy, sexual harassment policy, car pool procedure, late pick up procedure, school records, parent conferences, cancellation of school, grading scale, holidays, lunch and snacks, emergency procedures, homework policy, lost and found, automobiles, field trips, and music. I have also read and understand the online behavior guidelines and standards of conduct.

As a parent of a Faith Training Christian Academy student, I realize that I share the responsibility of ensuring that my student abides by the rules set forth in the above mentioned policies and guidelines. Therefore, I consent that my child(ren) and I will fully adhere to these procedures and guidelines.

Student’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Faith Training Christian Academy**

“Train up a child in the way he should go, and when he is old, he will not depart from it.” Proverbs 22:6

**CONSENT FORM**

**TOPS, COLLEGE SCHOLARSHIPS, GRANTS, AID PROGRAMS & COLLEGE ADMISSIONS**

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If you consent, your child’s data will be shared with the Louisiana Office of Student Financial Assistance (LOSFA) through the Louisiana Department of Education (LDE) and its technology partner, the Office of Technology Services (OTS)1 and the postsecondary education institution(s) to which your child applies (Institution) through the Board of Regents (BOR), LDE, and OTS to allow:

* You to **track your child’s progress** in taking the courses and earning the grades required to be eligible for a Taylor Opportunity Program for Students (TOPS) Scholarship and to **monitor your child’s TOPS eligibility status** by having an account on LAS **(**www.osfa.la.gov/AwardSystem/).
* LOSFA to determine **whether your child is eligible for TOPS and other college aid using the Louisiana Award System (LAS)**.
* LOSFA to **make TOPS and other aid payments**.
* The Institution(s) to process his/her application for admission.

**The data which is necessary to determine your child’s eligible for TOPS and for admission to an Institution and which may be shared with LOFSA and Institutions for these purposes includes:**

|  |  |
| --- | --- |
| * Full name
* Birthdate
* Social Security Number
 | * Student transcript data (includes but not limited to, courses taken, type of course, the grades for each course, and when and where the courses were taken).
 |

**If you do not consent to the disclosure of your child’s data to LOSFA and to postsecondary Institutions, the evaluation of your child’s eligibility for TOPS and for admission to college will be delayed until the information necessary to make a determination is provided.**

**======================================================================================**

**I CONSENT**

**I CONSENT** to my child’s school collecting my child’s personal information named above and disclosing the personal information collected to LOSFA, to the Institution, and to the entities named above.

I understand and acknowledge that the consent provided herein shall be valid for my child’s cumulative transcript records as of the date of signature and shall remain valid and in effect until he graduates from high school or I withdraw consent by completing the bottom portion of this form and returning it to my child’s school.

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

Signature of Parent/Legal Guardian My Child’s Full Name

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

Printed Name of Parent/Legal Guardian Date

**I DO NOT CONSENT**

**I DO NOT CONSENT** to my child’s school collecting my child’s personal information named above and disclosing the personal information to LOSFA and BOR. I understand that I may provide consent at a later date by completing the consent portion of this form above and returning it to my child’s school.

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

Signature of Parent/Legal Guardian My Child’s Full Name

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

Printed Name of Parent/Legal Guardian Date

1 LDE and OTS will not have access to students’ personally identifiable information to facilitate this process.

**FORM 837 – Revised 10-13-2016**

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