



*Diligence • Excellence • Accountability*

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## NEW STUDENT APPLICATION AND ADMISSION PROCEDURES GRADES 5-8

Thank you for your interest in Faith Christian School. We are pleased you are considering enrolling your child/children with us. The application process can be completed by following the steps listed below.

**Step 1.** Complete and return all attached forms to the school office.

- Application with copy of your child's last report card
- Records Release
- Emergency Health Card (front & back.) Please note that three (3) local emergency contacts other than parents must be listed.
- Certificate of Immunization Status Form
- Release of Personal Identifiable Information Form
- Pick-up list
- Statement of Cooperation (one per family)
- Parent's Code (one per family)
- Parents as Educational Partners form (PEP Volunteer Form) (one per family)

**Step 2.** Pay Application fee of \$30.00. This **non-refundable** fee covers the initial processing expenses. (Please note that a complete application is not a guarantee of admission, but only a request for admission.)

**Step 3.** Make an appointment for student testing and family interview.

- a. Each incoming student must be tested for grade placement.
- b. A personal family interview is required for new students. An appointment for this interview will be scheduled after the completed application is received.

**Step 4.** Pay registration fee.

### STATEMENT OF NON-DISCRIMINATION

Faith Christian School reserves the right to select students on the basis of academic performance and personal qualifications. FCS does not discriminate on the basis of race, color, national, or ethnic origin in administration of its education policies, admission policies, and athletic or other school-administered programs. Attendance is a privilege. This privilege may be forfeited by those who do not conform to the standards and regulations of the school.

2290 E. Ellendale Ave. ~ Dallas, OR 97338 ~ (503) 623-6632

[www.fceagles.com](http://www.fceagles.com)

[fcschool@fceagles.com](mailto:fcschool@fceagles.com)

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Please use Blue or Black Ink Only

<b>OFFICE USE ONLY</b>	
Date	_____
Application	_____
App. Fee	_____
Reg. Fee	_____
Tested	_____
Interview	_____

# FAITH CHRISTIAN SCHOOL

2290 E. Ellendale Ave. ~ Dallas, OR 97338  
(503) 623-6632 Fax (503) 623-2052 E-mail:fcschool@wvi.com

Application Date: \_\_\_\_\_ Applying for Grade: \_\_\_\_\_ School Year \_\_\_\_\_

Method of Payment: Payment in Full  10 Monthly Payments

## STUDENT INFORMATION

Name: \_\_\_\_\_  
(Last) (First) (Middle) Social Security Number

Name preferred (nickname, abbreviation, etc.) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_ email: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Birthplace: \_\_\_\_\_  
(City) (State) (Country)

Last School Attended: \_\_\_\_\_ Last Grade Completed: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

## STUDENT INFORMATION

Father/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_ Business/Cell: \_\_\_\_\_

Mother/Guardian: \_\_\_\_\_

Address (if different from Father): \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_ Business/Cell: \_\_\_\_\_

Emergency Telephone Number other than those already listed: \_\_\_\_\_

Marital Status:  Married  Divorced  Remarried  Separated  Widow  Widower  Single

If divorced, who has legal custody?  Father  Mother  Joint  Other (Explain) \_\_\_\_\_

**Copy of legal custody document must be in student files.**

Children in family of school age if not applying:

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Reason they are not applying: \_\_\_\_\_

\_\_\_\_\_

# RELIGIOUS INFORMATION

Church Attending: \_\_\_\_\_ Pastor: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

## PLEASE CHECK THE APPROPRIATE ANSWER

Father, born-again Christian (John 3:3-5)  Yes  No

Family Practice – Daily Devotions?  Yes  No

Mother, born-again Christian (John 3:3-5)  Yes  No

Family Practice – Grace at Meals?  Yes  No

Has your child ever made a profession of faith in Christ?  Yes  No

Church Attendance: Regular (3-4 weeks a month) Occasional (Once per month) seldom

Applicant \_\_\_\_\_ Regular \_\_\_\_\_ Occasional \_\_\_\_\_ Seldom \_\_\_\_\_

Father \_\_\_\_\_ Regular \_\_\_\_\_ Occasional \_\_\_\_\_ Seldom \_\_\_\_\_

Mother \_\_\_\_\_ Regular \_\_\_\_\_ Occasional \_\_\_\_\_ Seldom \_\_\_\_\_

We request that you consider the following items and respond to them for our mutual understanding:

A. How do you provide spiritual training for children in the home? \_\_\_\_\_

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B. What goals do you have in mind for the training and development of your child(ren) as individuals? \_\_\_\_\_

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C. What are your reasons for wanting to enroll your children in Faith Christian School? \_\_\_\_\_

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# SCHOLASTIC INFORMATION

Has this student ever been suspended, dismissed or refused admission to another school?  Yes  No

If yes, explain: \_\_\_\_\_

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Please indicate if any of the following apply to the previous school, to the home, or to other instances:

Behavioral and/or disciplinary problems

Placed on probation

Explain: \_\_\_\_\_

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Has the student ever skipped a grade? \_\_\_\_\_ Repeated a grade? \_\_\_\_\_ If so, please explain: \_\_\_\_\_

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When calling your previous school, what comment could we anticipate?

Good Student     Discipline Problem     Learning Disabilities

Is there anything you feel we should know about your child in order to teach or discipline him/her effectively?

Explain: \_\_\_\_\_

Does the applicant have any mental, emotional, or physical handicaps that may affect his/her activities or progress that should be known? If yes, please explain: \_\_\_\_\_

Please indicate academic level of student's previous work:     Excellent     Good     Average     Poor

## MEDICAL INFORMATION

Family Physician: \_\_\_\_\_

Phone: \_\_\_\_\_

Does child have any physical disabilities or allergies? \_\_\_\_\_

Explain: \_\_\_\_\_

Are there any diagnosed learning disabilities such as dyslexia, ADD, ADHA, etc., that require special treatment and/or programs?

Yes     No    If yes, explain: \_\_\_\_\_

Is child on medication?     Yes     No    If yes, please list medications and explain usage: \_\_\_\_\_

## FINANCIAL INFORMATION

Faith Christian School is tuition driven, its basic program dependent entirely upon student tuition and fees. However, we do wish to be sensitive to the unique financial situations of our families. If you do not qualify for tuition reduction according to our tuition schedule, please feel free to contact our office to determine if assistance might be available.

## CERTIFICATION OF INFORMATION

Please give three (3) complete references. Please include a former school teacher as well as a Sunday School Teacher if possible.

Name	Address	Phone
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Name	Address	Phone
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Name	Address	Phone
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## CERTIFICATION OF INFORMATION

We hereby certify that the above answers are true and are made with no reservations beyond those in the attached explanations.

Date: \_\_\_\_\_      Father/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_      Mother/Guardian Signature: \_\_\_\_\_

# STATEMENT OF COOPERATION

Student's Full Name: \_\_\_\_\_

In making this application, we affirm our commitment to the policies, procedures, and Statement of Faith as listed below:

- A. Although children of many Christian denominations make up the Faith Christian School student body, each student and parent enter with the awareness that all teaching will be based upon the school's Statement of Faith.
- B. Faith Christian School accepts the doctrine of "in loco parentis" (or in the place of the parents). We emphatically view the school, home and local church as a partnership and the school's primary function to assist parents in fulfilling their responsibility to "train up a child in the way they are to go." (Prov. 22:6)

Furthermore, I/we agree:

1. To authorize Faith Christian School to exercise its prerogatives as explained above in its role "in loco parentis" on behalf of my child. I/We understand that this includes permission: (a) to discipline as deemed wise and expedient for my child; (b) to counsel my child Biblically; (c) to be counseled Biblically when matters of my child's welfare arise. (Proverbs 13:24; 19:18; 29:15; Ephesians 6:1-2; Hebrews 12:6)
2. That, if our son/daughter is involved in any disciplinary action, or should become involved in any trouble with other students, or should a misunderstanding arise between my student and the teacher, we will endeavor to settle any grievances quickly and according to the scriptural principles (Matthew 18 and Galatians 6).
3. That assessments will be made to cover damage to school property (including breakage of windows, abuse of books, etc.)
4. That the school may at any time dismiss a student who, in the opinion of the administration, has a scholastic or conduct record that does not fit into the spirit of the school, regardless of whether or not the student conforms to the specific rules and regulations of the school. I understand that attendance at Faith Christian School is a privilege and not a right.
5. To pay tuition according to the schedule or to other arrangements that shall be made. I/We understand that report cards may be withheld if required payments are not made or arranged for. I/We also understand that if my account is past due, and no arrangements have been made, my child will no longer be able to attend Faith Christian School.
6. To give permission for my child to take part in all school activities, including school sponsored field trips away from the school premises and absolve the school from liability to me or my child because of any injury to my child at school or during any school activity.
7. To help my child with homework when necessary and cooperate with the academic goals of the school.
8. To give the school permission (in case of emergency) to provide or obtain appropriate medical help for my child.

**I have read the above Statement of Cooperation and the Parent/Student Handbook and fully understand and agree to support the conditions and terms as stated. (Signature required by both parents)**

\_\_\_\_\_  
Signature of father or guardian

\_\_\_\_\_  
Signature of mother or guardian

Date: \_\_\_\_\_



## **STATEMENT OF FAITH**

### **WE BELIEVE:**

1. The Scriptures, both Old and New Testaments, to be the inspired Word of God, without error in the original writings, the complete revelation of His will for the salvation of men and the divine and final authority for Christian faith and life.
2. In God, Creator of all things, infinitely perfect and eternally existing in three persons, Father, Son, and Holy Spirit.
3. That Jesus Christ is true God and true man, having been conceived of the Holy Ghost and born of the Virgin Mary. He died on the cross, a sacrifice for our sins according to the Scriptures. Further, He arose bodily from the dead, ascended into heaven, where at the right hand of the Majesty on High, He now is our High Priest and Advocate.
4. That the ministry of the Holy Spirit is to glorify the Lord Jesus Christ, and during this age to convict men, regenerate the believing sinner, indwell, guide, instruct, and empower the believer for godly living and service.
5. That man was created in the image of God but fell into sin and is therefore lost and only through regeneration by the Holy Spirit can salvation and spiritual life be obtained.
6. That the shed blood of Jesus Christ and His resurrection provides the only ground for justification and salvation for all who believe, and only such as received Jesus Christ are born of the Holy Spirit, and thus become children of God.
7. That water baptism and the Lord's Supper are ordinances to be observed by the Church during the present age. They are, however, not to be regarded as a means of salvation.
8. That the true Church is composed of all such persons who through saving faith in Jesus Christ have been regenerated by the Holy Spirit and are united together in the body of Christ of which He is the head.
9. That only those who are thus members of the true Church shall be eligible for membership in the local church.
10. That Jesus Christ is the Lord and Head of the Church and that every local church has the right under Christ to decide and govern its own affairs.
11. In the personal, premillennial and imminent coming of our Lord Jesus Christ and that this "Blessed Hope" has a vital bearing on the personal life and service of the believer.
12. In the bodily resurrection of the dead; of the believer to everlasting blessedness and joy with the lord; of the unbeliever to judgment and everlasting conscious punishment.



Complete both sides of card.  
**Information and Emergency Health Card 2014-2015**

Student Name (Last, First, Middle Initial) \_\_\_\_\_ Preferred Name \_\_\_\_\_ Grade \_\_\_\_\_ M/F \_\_\_\_\_ Birth Date \_\_\_\_\_

Student Address \_\_\_\_\_ Phone \_\_\_\_\_

Parent's Email Address \_\_\_\_\_

Father/Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_ Business Phone \_\_\_\_\_

Mother/Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_ Business Phone \_\_\_\_\_

Marital Status:  Married  Divorced  Remarried  Separated  Widow/Widower  Single

If divorced, who has legal custody?  Father  Mother  Joint Other \_\_\_\_\_

Give 3 LOCAL PEOPLE whom we could call in case of emergency when you or the caregiver cannot be reached.

Name	Address	Phone	Relationship
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1. \_\_\_\_\_

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

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

Caregiver: \_\_\_\_\_ Phone \_\_\_\_\_

Church Attending \_\_\_\_\_ Phone \_\_\_\_\_

Church Address \_\_\_\_\_ Pastor \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Hospital Preferred \_\_\_\_\_

Permission to use: Tylenol \_\_\_\_ Advil \_\_\_\_\_ Neosporin \_\_\_\_

Allergies, Medications, or Other Concerns: \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Insured's Name \_\_\_\_\_ In Case of Emergency Contact \_\_\_\_\_

**Parent Permission and Medical Release**

I hereby give permission to Faith Christian School staff to obtain any necessary medical treatment or hospital care for the above mentioned child in the event of an emergency. I understand that all reasonable safety precautions will be taken at all times by the Faith Christian School staff. I also understand that if medical attention is needed, every reasonable attempt will be made to notify me and/or the emergency contact person.

**Signature of Parent or Guardian** \_\_\_\_\_

STUDENT(S) \_\_\_\_\_

**FAITH CHRISTIAN SCHOOL, DALLAS, OREGON**

**GRADE:** \_\_\_\_\_

**CONSENT FOR RELEASE OF PERSONALLY IDENTIFIABLE INFORMATION**

For the purpose of this release, personally identifiable information shall be limited to the student's name, photograph, or video of student.

I, the undersigned,   do   **do not** give permission to Faith Christian School staff to release personally identifiable information from the above named student for the sole purpose of use in the class photograph, school or local newspaper or other media, school programs, personal or class recognition, involvement in school activities, as well as approved fund raising and support requests from parent organizations.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**PARENT'S CODE**

1. I will pray earnestly for Faith Christian School.
2. I will cooperate fully in the educational functions of FCS doing my best to make Christian education effective in the life of each of my children that he or she may love and serve the Lord Jesus Christ all of his or her life.
3. I will pay all of my financial obligations to FCS on or before the date due. If I am ever unable to pay on time, I will notify the Bookkeeper in advance, a) giving a reasonable explanation for the delay, and b) stating when payment can be made.
4. I will support the school by gifts in addition to my tuition payments and fees, as the Lord enables. As God has prospered us, may we be faithful to Him.
5. I will undertake volunteer duties and responsibilities for FCS as opportunities arise and as God provides time and strength.
6. I will recommend FCS to other Christian families as opportunities arise.
7. I will attend meetings and parent functions of the School regularly, even though I may not be able to achieve perfect attendance.
8. If I become dissatisfied with the School in any respect, I will seek to resolve the matter with the person or persons most directly involved rather than to spread criticism or hold a negative attitude in my heart.
9. I will seek the advancement of FCS in all areas – spiritually, academically, socially, and physically.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date





**PICK UP LIST**

In an on-going effort to safeguard your child, we are implementing a pick up list. Only people who are on this list will be allowed to take your child off the school premises. If you want someone not on this list, to pick up your child, the child or driver must have a written note with your signature or they will not be released to them.

Student Name \_\_\_\_\_ Home Phone \_\_\_\_\_

NAME	PHONE	RELATIONSHIP TO STUDENT
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_



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## **RECORDS RELEASE**

TO: \_\_\_\_\_  
(school name)

\_\_\_\_\_

(street address)

\_\_\_\_\_

(city, state & zip)

RE: \_\_\_\_\_  
(student name)

\_\_\_\_\_

(birth date) (grade)

Please forward all confidential information of the above named student to Faith Christian School including the following:

1. Transcript of grades
2. Records of attendance
3. Tests relating to achievement or measurement of ability
4. Medical and health records
5. Psychological reports
6. Behavioral Records

TO BE SENT TO: Faith Christian School  
2290 E. Ellendale Avenue  
Dallas, OR 97338

Thank you,

\_\_\_\_\_  
(Secretary)

\_\_\_\_\_  
(Date)

**2014-2015**

**STATEMENT OF AFFIRMATION  
AND COMPLIANCE**

I agree to read the Parent/Student Handbook in its entirety.

Parent/Guardian Signature \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

(Please Print)

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

**Volunteer Hours – PEP Program  
Parents as Educational Partners**

I understand that Faith Christian School is dependent upon each family's participation and assistance. As such, each family is expected to give of their time by volunteering in the classrooms, on the playground, working on fund-raisers, doing repairs, cleaning, or any other involvement that helps the school and its students.

I understand that I am responsible to keep track of the hours I work and turn them into the office. On June 15<sup>th</sup> my account will be charged \$10.00 for every hour short of what is required for my family. I understand that I will pay for all charges to my account as a result of insufficient hours worked.

Preschool.....\$100.00 or 10 hours per family (5 hours towards auction)

Kindergarten .....\$200.00 or 20 hours per family (5 hours towards auction)

1<sup>st</sup> – 8<sup>th</sup>.....\$300.00 or 30 hours per family (5 hours towards auction)

PEP hours may be recorded on the bottom of your payment slip or you may pick up vouchers from the school office. Each family will keep track of their own hours on the honor system. The vouchers should be mailed or turned into the school office at the beginning of each month in order to receive appropriate credit. Reminder invoices with current status will be sent out in January with a final billing for any balance due being sent out in June.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Here is a list of possible areas in which to volunteer. You are not limited to these; however this will give you an idea of areas that would be helpful. Remember, even baking cookies for your child's class, or driving for field trip is a good way to get hours. If you have any trouble thinking of ways to volunteer just talk to your child's teacher. Please check the following area in which you would enjoy serving at FCS.

- |  |   |
|--|---|
| <input type="checkbox"/> Hot lunch volunteer             | <input type="checkbox"/> Playground supervision         |
| <input type="checkbox"/> Christmas Program helper        | <input type="checkbox"/> Open House helper              |
| <input type="checkbox"/> Correcting for teachers         | <input type="checkbox"/> Kindergarten Graduation helper |
| <input type="checkbox"/> Campbell Soup labels/Box Tops   | <input type="checkbox"/> Auction Volunteer              |
| <input type="checkbox"/> Refreshments for Special Events | <input type="checkbox"/> Office Assistant               |