

# ENROLLMENT FORM

School Year \_\_\_\_\_

**A**

**Choose One:**

- New Student  
 Re-Enrollment (from previous year)

False information on this application form will result in the immediate nullification of this enrollment, and no refunds on fees.

**B**

**Student's Full Legal Name**

Male  Female

First Name

Middle Name

Last Name

**C**

Date of Birth

Social Security

Grade Level

Home Phone

Fax

E-mail

**D**

Student's Street Address

P.O. Box (if any)

City

State

Zip

School District

**E**

- No  Yes 1. Has student been suspended from any school within the last 2 years? Date: \_\_\_\_\_
- No  Yes 2. Has student been arrested or held for questioning within the last 2 years? Date: \_\_\_\_\_
- No  Yes 3. Does student smoke, use tobacco products, or drugs?
- No  Yes 4. Is student married?
- No  Yes 5. Is student pregnant?
- No  Yes 6. Is student the mother or father of a child?
- No  Yes 7. Does student have a probation officer? Name of Officer: \_\_\_\_\_
- No  Yes 8. Has student had truancy issues? Including Letters, phone calls or visits from officials?
- No  Yes 9. IEP or Special Needs?

# ENROLLMENT FORM (Continued)

(Note: You must pay additional fees; do not fill-in unless fees have been paid.)

**F** Achievement Testing: I  
Please submit information (Subject to availability)

Blountville, TN (Grades 3-12)

Bristol, TN (Grades 3-12)  Private FCA Administered

Chattanooga, TN  Bob Jones or ACT

Knoxville, TN (Grades 3-12)  Religious Exemption

**G** Choose one - primary teacher is the:  Mother  Father  Legal Guardian (Need Court Order)

**Father's/Guardian's Name:** E-mail Address \_\_\_\_\_

\_\_\_\_\_

First Name Middle Name Last Name

Employer Cell Phone Work Phone

**H** **Mother's/Guardian's Name:** E-mail Address \_\_\_\_\_

\_\_\_\_\_

First Name Middle Name Last Name

Employer Cell Phone Work Phone

**I** **Emergency Contact: Relationship:** \_\_\_\_\_ E-mail Address \_\_\_\_\_  
(Not living in same Household)

\_\_\_\_\_

First Name Middle Name Last Name

Address City, State, Zip Home Phone

**J** \_\_\_\_\_

Church Name Address (If you do not have a family church, please  
attach a letter of explanation to this enrollment  
form)

Pastor Phone

**K**  I have read the Packet, Compulsory Attendance Statute and I AM IN AGREEMENT with FCA's Statement of Faith and School Policies.

I have read the Packet, Compulsory Attendance Statute and I AM NOT IN AGREEMENT with FCA's Statement of Faith and School Policies.

\_\_\_\_\_  
Parent's/Legal Guardian's Signature Date  
Signature grants Family Christian Academy and its staff permission to verify data presented in this form and to monitor compliance with its policies.

# Family Christian Academy Member Agreement

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

As the parent/guardian of the above named student I have read and agree to all policies contained in the Family Christian Academy of East Tennessee Enrollment and Information Packet.  
As a member of Family Christian Academy of East Tennessee I further agree that:

\_\_\_\_\_ I have read and agree to Family Christian Academy of East Tennessee's policy on Fees/Refunds (page 7).

\_\_\_\_\_ I have read and agree to Family Christian Academy of East Tennessee's policy on Credits (page 7) and Credit Requirements (page 14).

\_\_\_\_\_ I have read and agree to Family Christian Academy of East Tennessee's policy on Semi-Annual Attendance Reports (page 8).

\_\_\_\_\_ I have read and agree to Family Christian Academy of East Tennessee's policy on Testing (pages 9-11).

\_\_\_\_\_ I have read and agree to Family Christian Academy of East Tennessee's Diploma Request and Evaluation Procedures (page 12).

\_\_\_\_\_ I agree to submit my student's Curriculum List (page 22) detailing what curriculum I will be using this school year within 30 calendar days of enrollment.

\_\_\_\_\_ I have read and agree to Family Christian Academy of East Tennessee's Re-Enrollment Policy (page 7).

\_\_\_\_\_ I will notify Family Christian Academy of East Tennessee immediately should I move, change my telephone number, or email address.

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

\_\_\_\_\_  
Date

# Family Christian Academy Transfer Request

**NOTE: Tennessee Enrollments**

A. The following student is enrolled in our educational program. This is not a home school program.  
B. Family Christian Academy was founded in 1988 and is listed with the Tennessee Department of Education as a Category IV: Church-Related School. Our program is entirely operated under the provisions of TCA Tennessee Code Section 49-50-801. Students enrolled in our program are not required to register as a "home schooler" with the local superintendent of schools. Our status and operational distinctions were most recently confirmed as complying with the Tennessee educational standard in a memo dated Feb. 18, 1999 from Commissioner Jane Walters to all superintendents.

**Mail/Fax to:**

**Office of Registrar  
FCA East/Knoxville**

**124 E. Inskip Dr. • Knoxville, TN 37912 • Fax (865) 689-1213**

---

Full Legal Name of Student

---

Date of Birth

Social Security Number

Grade

---

Last School Attended

---

Last School's Address (incomplete address will delay enrollment)

---

City

State

Zip

School Phone

---

School Fax

I give permission to release all school records including medical, testing, special education, psychological, evaluations and a complete copy of the cumulative folder.

---

Signature of Parent or Guardian

Print Name

Date

---

**Note to last school attended: Please send birth certificate, health records, test results, transcript of grades, any and IEP**

**Has the student ever been expelled or is he/she under suspension?**  No  Yes

**OFFICE USE ONLY:**

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

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