



# Friendship Christian School

*"Training Students to Change the World"*

PLEASE DIRECT ALL APPLICATION MATERIAL TO:

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

Grade: \_\_\_\_\_ **2017-18 School Year**

**Friendship Christian School**  
**Office of Admissions**  
**3160 Old Atlanta Road**  
**Suwanee, GA 30024**  
**Elizabeth.johnson@fcsga.org**

**Admissions Process:**

- STEP 1: SUBMIT FORMS AND FEES
- STEP 2: REVIEW
- STEP 3: NOTIFICATION

**A student may be admitted to Friendship Christian School only after established requirements and conditions have been fulfilled.**

## STEP 1: SUBMIT FORMS AND FEES

- Complete Application for Admission** including Family Commitment Agreement or the Acknowledgement of the Statement of Faith and an application fee of \$150.00 for K through 12<sup>th</sup> grade. This fee is non-refundable and non-transferable. After acceptance, a \$350 registration fee is due. This fee is an annual fee that is non-refundable and non-transferable. K-4 full day registration fee that includes book fee of \$175.00 per K-4 student.
- Supplemental Forms:** The following additional forms are necessary to complete your application file. Please submit to appropriate recipients for completion. Recommendations, transcripts, and reference forms must be mailed or faxed directly to Friendship Christian School.

Current K-4<sup>th</sup> Grade Students

- \_\_\_ Authorization to Release Records
- \_\_\_ Classroom Teacher Reference

Current 5<sup>th</sup>-11<sup>th</sup> Grade Students

- \_\_\_ Authorization to Release Records
- \_\_\_ English Teacher Reference
- \_\_\_ Math Teacher Reference
- \_\_\_ Principal Reference

## STEP 2: REVIEW:

- We conduct a review of all new applicants' forms, records and references.

## STEP 3: NOTIFICATION OF ACCEPTANCE:

- We will notify you shortly after the review about your acceptance to Friendship Christian School. If the class is already full, you will be given the opportunity to be placed on the waiting list. Upon acceptance you will need to provide the following additional forms:
  - Medical Forms: Hearing/Vision/Dental/Immunization Form GA **3231/3300**
  - Birth Certificate
  - Computer and Acceptable Internet Use Form
  - Financial Commitment Form



# Friendship Christian School

OLD ATLANTA ROAD, SUWANEE, GA 30024

PHONE: 678.845.0418/FAX: 678.845.0417

## APPLICATION FOR ADMISSIONS 2016-17

Grade Applying for: \_\_\_\_\_ Fall 20 \_\_\_\_\_

Student's Legal Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

*First Middle Last*

Date of Birth: \_\_\_\_\_ Sex: \_\_\_ Male \_\_\_ Female Race: \_\_\_\_\_

County: \_\_\_\_\_ Church Affiliation: \_\_\_\_\_

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

*Street City State Zip*

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

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

Reason for Leaving: \_\_\_\_\_

Student Lives with \_\_\_ Mother \_\_\_ Father \_\_\_ Stepmother \_\_\_ Stepfather \_\_\_ Guardian

Other: \_\_\_\_\_ Who has legal custody? \_\_\_\_\_

Parents are: \_\_\_ Married \_\_\_ Divorced \_\_\_ Separated \_\_\_ Widowed \_\_\_ Other

Has applicant ever applied for admission to Friendship Christian School: Yes \_\_\_ No \_\_\_

### Medical:

I grant permission to administer the following medication to my child:

\_\_\_ Tylenol \_\_\_ Ibuprofen \_\_\_ Advil \_\_\_ Tums

Medical Conditions and/or allergic reactions: \_\_\_\_\_

Has your child ever been diagnosed with dyslexia or ADHD? \_\_\_\_\_

Does your child have any medical conditions which need to be brought to the attention of our school personnel?

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

Is your child currently on medication? \_\_\_\_\_

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

Does your child use any medication on a regular basis? \_\_\_\_\_

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



### Family Information:

Father's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Church: \_\_\_\_\_  
 Pastor's Name: \_\_\_\_\_  
 Do you Attend Regularly? \_\_\_\_\_  
 Are you a member? \_\_\_\_\_

Mother's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Church: \_\_\_\_\_  
 Pastor's Name: \_\_\_\_\_  
 Do you Attend Regularly? \_\_\_\_\_  
 Are you a member? \_\_\_\_\_

Person Responsible for student pickup: \_\_\_\_\_

Emergency Contact: (Other than parent) \_\_\_\_\_

Home/Work Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

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

Dentist Name: \_\_\_\_\_

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

### **CONFIDENTIAL STUDENT INFORMATION**

1. Has applicant ever made a profession of faith in Jesus Christ? Yes \_\_\_\_ No \_\_\_\_

2. Educational Background: List applicant's current and any previous schools attended, including Kindergarten

Name of School	City, State	Grades Attended

3. Has applicant ever been suspended or expelled from another educational institution?

No \_\_\_\_ Yes \_\_\_\_ / Explain (use back of the page):



## MEDICAL TREATMENT FORM

In the event that my child becomes ill or is injured while under school supervision, I approve the school authorities to take the following steps in the following order:

1. Contact a parent or legal guardian of the student and follow his or her instructions.
2. In the event of an emergency, when neither parent nor legal guardian can be reached immediately, the school authorities are hereby authorized to use their best judgment in contacting a properly licensed physician, or in transporting my child to the nearest hospital for consultation and/or treatment. Such transportation is to be done either by school provided transportation, or if school officials deem it wise, by ambulance.

If, in the opinion of a properly licensed and practicing physician, my child needs medical or surgical services which require my consent before being supplied, and I cannot be reached, I hereby authorize, appoint, or empower the Principal or his designated representative, to furnish on my behalf such written or oral authorization as may be so required.

Furthermore, I release the Principal, or his designated representative, and Friendship Christian School, from any liability, which might arise from the giving of such authorization, it being my desire that my child be furnished with such medical or surgical services as soon as possible after the need arises.

Does this student have any physical or emotional problem(s), which require special medication?

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

Does this student have any medical allergies?

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

Student's Physician: \_\_\_\_\_

Physician Telephone: \_\_\_\_\_

Student Name: \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_



## STATEMENT OF FAITH

Friendship Christian School affirms the essentials of the Christian faith, which are:

1. We believe the Bible to be the inspired, the only infallible, inerrant, authoritative word of God.
2. We believe that there is one God, eternally existent in three persons; Father, Son, and Holy Spirit.
3. We believe in the deity of our Lord Jesus Christ, in His virgin birth, in His sinless life, in His miracles, in His vicarious and atoning death through His shed blood, in His bodily resurrection, in His ascension to the right hand of the Father, and in His personal return in power and glory.
4. We believe that for the salvation of lost and sinful man, regeneration by the Holy Spirit is absolutely essential.
5. We believe that justification is by faith alone in Christ alone.
6. We believe in the spiritual unity of believers in our Lord Jesus Christ.

I understand that my child/children will be taught from the biblical perspective of this statement of faith as stated herein.

## MISSION STATEMENT

The mission of Friendship Christian School is to partner with parents to prepare their children spiritually, mentally, physically and socially to become fully devoted followers of Jesus Christ.

## VISION STATEMENT

I have no greater joy than to hear that my children are walking in the truth. (*III John 4*)

## CORE VALUE STATEMENTS

1. Love the Lord your God with all your heart and all your soul and with all your mind and with all your strength. (*Mark 12:30*)
2. Love your neighbor as yourself. (*Mark 12:31*)
3. In Christ are hidden all the treasures of wisdom and knowledge. (*Colossians 2:3*)

## NON-DISCRIMINATION POLICY

Friendship Christian School, Inc. does not discriminate on the basis of race, nationality, ethnicity or gender.



My student participates in the Georgia Special Needs Scholarship Program. \_\_\_\_ Yes/No

I am aware that if my child participates with this program I must submit the letter from the website to show my credit amount for the year. \_\_\_\_

I also understand that I must come into the school office and reimburse the checks as they come in monthly for FCS. \_\_\_\_\_

### FAMILY COMMITMENT AGREEMENT

We, as the parents of \_\_\_\_\_, accept the challenge to "train up a child in the way he/she should go", under the authority of God, as outlined in Scripture. We see the school as an arm of the home and believe the parents have the ultimate responsibility for their child/children's education. We have made an investigation of the statement of faith, admission policies, and discipline, financial obligations, and methods, educational and biblical motives of Friendship Christian School and do pledge our good-hearted support for the coming school year. We pledge our loyal support to the school, praying for its programs, helping teachers as we are able and paying our tuition payments regularly and on time. We understand we are financially obligated to pay the entire year's tuition with the only exceptions being those listed in the school handbook.

We hereby invest authority in the school to lovingly discipline our child/children as explained in detail in the FCS student handbook. We further agree that we will cooperate and discipline our child/children in the home as needed. (Proverbs 22:15) We give our permission for our child/children to take part in all school activities, including school-sponsored field trips, library trips and physical education class trips to nearby parks and recreation facilities. We absolve Friendship Christian School from liability to us or our child/children because of injury to our child/children at school or during a school activity. We give our permission for our child/children's photo's to be used on/in the website, flyers, and other publications from Friendship Christian School. We understand that in case of damage to school property assessments will be made to cover expenses by the responsible person, (including breakage of windows, abuse of school textbooks, equipment, etc.) Understanding all of the above, we pledge our support and cooperation to the school and agree to comply with the policies of the administration as outlined in the school handbook. We have read this Statement of Faith and Family Commitment Agreement and agree to these terms:

Father or Guardian	Date	Mother or Guardian	Date
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### PARENT ACKNOWLEDGEMENT OF STATEMENT OF FAITH

We have read the Friendship Christian School Statement of Faith and acknowledge that our child(ren) will be taught under these principles.

Student Name: \_\_\_\_\_

Signature of Parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_





# Friendship Christian School

## CONFIDENTIAL CLASSROOM TEACHER REFERENCE (CURRENT K – 4<sup>th</sup> GRADE STUDENTS)

### Parent

Please sign this waiver and submit this form to the applicant's classroom teacher. Thank you.

My child is an applicant for admission to Friendship Christian School. I hereby authorize you to release to FCS the following confidential reference form that you should mail or fax directly to the **Friendship Christian School Admissions Office**. I waive my right to review the information provided on this form.

\_\_\_\_\_  
Parent's Signature Date

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

School Name: \_\_\_\_\_ Teacher: \_\_\_\_\_

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

### Teacher:

Please assess the above named student in the following areas. Additional comments are appreciated and may be attached separately.

Please rank the student's level of performance in each of the following areas:

	Excellent	Satisfactory	Poor
Completes Class Assignments			
Turns in Homework Assignments			
Works Well in Groups			
Performs on Grade Level			
Pays attention/Stays on Task			
Works to the best of his/her ability			
Makes good use of time			
Works independently			
Interacts well with other students			
Respects the rights and property of others			
Respectful and courteous to others			
Accepts adult authority/discipline			
Follows class rules			
Accepts responsibility for his/her behavior			
Attendance			

### Please make a short comment on the following:

Do you have any concerns or comments regarding this student's academic performance? Please explain:

\_\_\_\_\_



# Friendship Christian School

Parental support and involvement: \_\_\_\_\_

Has outside help been recommended? Yes \_\_\_ No \_\_\_ Been Given: Yes \_ No \_\_\_

Please explain: \_\_\_\_\_

Describe how well the applicant is respected by adults/peers: \_\_\_\_\_

Additional comments: \_\_\_\_\_

**Please indicate your recommendation for admission to Friendship Christian School here:**

I have known this student for \_\_\_\_\_ years.

Teacher's Name (please print): \_\_\_\_\_

Signature

Date

	<i>Strongly Recommend</i>	<i>Recommend</i>	<i>Do Not Recommend</i>
Academic Promise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Character and Personality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Recommendation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

School Address

Telephone

City

State

Zip



# Friendship Christian School

## CONFIDENTIAL TEACHER REFERENCE ENGLISH/MATH (CURRENT 5TH-11TH GRADE STUDENTS)

Parent

Please sign this waiver and submit this form to the applicant's classroom teacher. Thank you.

My child is an applicant for admission to Friendship Christian School. I hereby authorize you to release to FCS the following confidential reference form *that you should mail or fax directly to the Friendship Christian School Admissions Office*. I waive my right to review the information provided on this form.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

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

School Name: \_\_\_\_\_ Teacher: \_\_\_\_\_

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

### English/Math Teacher:

Please assess the above named student in the following areas. Additional comments are appreciated and may be attached separately.

Please rank the student's level of performance in each of the following areas:

Academic Characteristics	Excellent	Above Average	Average	Below Average	Non Applicable
Reading Skills					
Writing Skills					
Grammar					
Originality of thought					
Effort					
Study Habits					
Completion of work on time					
Peer Relations					
Respect for Authority					
Reaction to Criticism					
Leadership Ability					
Self-Confidence					



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Return this form to:  
Friendship Christian School Admissions Office, 3160 Old Atlanta Road, Suwanee,  
GA 30024 or Fax to 678-845-0417

**Please make a short comment on the following:**

Parental support and involvement: \_\_\_\_\_

\_\_\_\_\_

Has outside help been recommended? Yes No      Been Given: Yes No

Please explain: \_\_\_\_\_

\_\_\_\_\_

Applicant's social and emotional development compared with others of the same chronological age:

\_\_\_\_\_

Describe how well the applicant is respected by adults/peers: \_\_\_\_\_

**Please indicate your recommendation for admission to Friendship Christian School here:**

	<i>Strongly Recommend</i>	<i>Recommend</i>	<i>Do Not Recommend</i>
Academic Promise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Character and Personality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Recommendation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I  
have  
kno  
wn

this student for \_\_\_\_\_ years.

Teacher's Name (please print): \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
School Address

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip



# Friendship Christian School

## CONFIDENTIAL PRINCIPAL REFERENCE (CURRENT 5TH-11TH GRADE STUDENTS)

### Parent

Please sign this waiver and submit this form to the applicant's principal. Thank you.

My child is an applicant for admission to Friendship Christian School. I hereby authorize you to release to FCS the following confidential reference form *that you should mail or fax directly to the **Friendship Christian School Admissions Office***. I waive my right to review the information provided on this form.

\_\_\_\_\_  
Parent's Signature Date

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

School Name: \_\_\_\_\_ Teacher: \_\_\_\_\_

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

### Principal:

Please assess the above named student in the following areas. Additional comments are appreciated and may be attached separately.

### Confidential Information

1. In what capacity have you known the applicant? \_\_\_\_\_

2. Please comment on the applicant's attitude toward school: \_\_\_\_\_

\_\_\_\_\_

3. Does applicant exhibit a motivation for or apathy toward learning? Does applicant's behavior foster or inhibit learning among his/her classmates? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Principal Signature

Name (Please Print)

Date

Return this form to:  
**Friendship Christian School Admissions Office**, 3160 Old Atlanta Road, Suwanee, GA 30024  
Or fax to 678-845-0417