



# Friendship Christian School

*"Training Students to Change the World"*

PLEASE DIRECT ALL APPLICATION MATERIAL TO:

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

Friendship Christian School

Grade: \_\_\_\_\_

2018 – 2019 School Year

Office of Admissions

3160 Old Atlanta Road

Suwanee, GA 30024

Admissions Process:

Elizabeth.johnson@fcsga.org

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 2018-19

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: \_\_\_\_\_

Social Security number for student: \_\_\_\_\_ (Required for all 8<sup>th</sup> through 12<sup>th</sup>)

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

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: \_\_\_\_\_

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### 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):

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## 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.

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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

### 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

## AUTHORIZATION FOR RELEASE OF STUDENT RECORDS

**Parent:** Please complete and sign this form and submit it to the principal's office at the applicant's present school. Thank you.

Applicant's Full Name: \_\_\_\_\_  
First Middle Last

Current Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

My child is an applicant for admissions to Friendship Christian School. I hereby *authorize you to release to Friendship Christian School* the following records: (1) a certified copy of student file (including grades, credits, all standardized test results, and conduct reports), and (2) immunization, health records and (3) a copy of all disciplinary records.

Signature of Parent Name of parent (please print) Date

Name of Current School: \_\_\_\_\_

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

Phone and Fax Number: \_\_\_\_\_

### School Administrative Staff:

Please send the above named records to:

Friendship Christian School  
Office of Admissions  
3160 Old Atlanta Road  
Suwanee, GA 30024

Please release an Official Transcript for students in 9<sup>th</sup> – 12<sup>th</sup> grade.

*This request for information will be kept confidential.*

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## CONFIDENTIAL CLASSROOM TEACHER REFERENCE



# Friendship Christian School

## Friendship Christian School Code of Conduct 2018-19



The following are expected rules that every student at FCS, no matter their age or grade level, are to obey and follow. Not following the rules in the code of conduct and the school handbook are grounds for detention and/or expulsion. Should a student be expelled for any

of these reasons or any reason that violates the school's handbook, the tuition and any fees paid are non-refundable.

1. All students will practice honesty in their conversation and their classwork
  - a. They will not cheat in any classes or online classes
  - b. Student will not plagiarize someone else's work. Make sure to cite your work
  - c. Students who violate the cheating policy will be dropped immediately from the online program and are not eligible for dual enrollment or GA Virtual School classes
  - d. Any failed classes in dual enrollment or GA virtual classes will be recorded on transcripts and they are not eligible for continuing the on line programs
  - e. Any student who fails any FCS class will not be able to take a college on line classes
  - f. Students who cheat will be held accountable according to the handbook
2. Students will not use profanity or foul language on campus or at any school event will be held in accordance to the school handbook.
  - a. This includes profanity in their native language
  - b. This includes afterschool sports or events
3. Male students will not wear earrings to school or any school event including, but not limited to graduation, Christmas program, Fine Arts events and classrooms.
4. Students will not dress immodest at school (see the handbook for details)
  - a. Skirts will be required to be no shorter at the 1" length above the knee
  - b. Shorts are to be below the finger tips
  - c. Hair color must be a natural hair color (i.e., blonde, black, brown, or red) No shaved heads for girls.
  - d. Tight jeans, yoga pants, or blue jeans with holes, and tight pants are not acceptable
5. Students will be in dress code five days of the week
  - a. Dress code is checked daily
  - b. Those out of dress code will call a parent to have a change of clothes brought
  - c. Students out of dress code will receive a detention (Detention cost is \$10.00 per time)
  - d. Students on the second offense will meet with Dr. Johnson and their parent or guardian
6. Cell phones are to be turned into the Head of School's office at the start of the day. Those confiscated from a student will not be given back for 24 hours minimum.
7. Students are not to be on social media, watching videos, playing games on their iPad, laptop or computer; no viral videos (the iPad, laptop or computer can be confiscated from a minimum of 24 hours in the school office).
8. Students are not to smoke or vape on or off campus (immediate expulsion).
9. Students are not to do drugs or alcohol, purchase drugs or sell drugs (immediate expulsion).
10. Students are not to have boyfriend or girlfriend relationships (students are to focus on academics)
  - a. No public displays of affection
  - b. Students are not to have an inappropriate relation with other students
11. Students are not to taunt, bully, or use racial remarks. This includes physical or verbal abuse.
  - a. No students are to hit, push, kick, or make any inappropriate contact with fellow students
  - b. No students are to intimidate others by threats or name-calling. This includes face-to-face, phone, or online interactions.





# Friendship Christian School

Student name printed \_\_\_\_\_ Student signature of agreement \_\_\_\_\_

**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.

## CONFIDENTIAL PRINCIPAL REFERENCE

### Parent

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

I have known this student for \_\_\_\_\_ years. My position at the school is... \_\_\_\_\_

Reference Name (please print): \_\_\_\_\_

_____	_____
Signature	Date
_____	_____
School Address	Telephone
_____	_____
City	State Zip
_____	_____
Parent's Signature	Date

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

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

	<i>Yes</i>	<i>No Not at all</i>	<i>Some of the time</i>
This student has had discipline challenges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This student works hard in academics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This student is a concern in behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

<i>Strongly</i>	<i>Recommend</i>	<i>Do Not Recommend</i>
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**Principal:**



# Friendship Christian School

	<i>Recommend</i>		
Academic Efforts	<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"/>

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? \_\_\_\_\_

\_\_\_\_\_

### To your knowledge, this student does not or does

Smoke \_\_\_\_\_ yes \_\_\_\_\_ no \_\_\_\_\_ I don't know

Wear earrings \_\_\_\_\_ yes \_\_\_\_\_ no \_\_\_\_\_ I don't know

Drink alcohol \_\_\_\_\_ yes \_\_\_\_\_ no \_\_\_\_\_ I don't know

Uses profanity \_\_\_\_\_ yes \_\_\_\_\_ no \_\_\_\_\_ I don't know

Displays Christian Leadership \_\_\_\_\_ yes \_\_\_\_\_ no \_\_\_\_\_ I don't know

Has a motivation to learn \_\_\_\_\_ yes \_\_\_\_\_ no \_\_\_\_\_ I don't know

Is willing to take correction \_\_\_\_\_ yes \_\_\_\_\_ no \_\_\_\_\_ I don't know

Is cooperative in the classroom \_\_\_\_\_ yes \_\_\_\_\_ no \_\_\_\_\_ I don't know



# Friendship Christian School

Has parent or guardian support \_\_\_\_\_ yes \_\_\_\_\_ no  
\_\_\_\_\_ I don't know

Has this student missed 20 or more academic days? \_\_\_\_\_ yes \_\_\_\_\_ no \_\_\_\_\_ I don't know

Is this student habitually tardy to school? \_\_\_\_\_ yes \_\_\_\_\_ no \_\_\_\_\_ I don't know

**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