

FRIENDSHIP CHRISTIAN SCHOOL

3160 Old Atlanta Road
Suwanee, GA 30024
6788450418

Student's Name: _____

Grade: _____

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 an application fee of \$150.00 for K through 12th 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.

- Supplemental Forms:** The following additional form are necessary to complete your application file.

__ Authorization to Release Records

STEP 2: REVIEW:

- We conduct a review of all new applicants' forms, records and references.
- Elementary and Middle school students will be scheduled for testing.
- High school students will be scheduled for a meeting with the principal.

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
- Financial Commitment Form



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Domestic Student Application

Student's Legal Name: _____ Preferred First Name: _____
First Middle Last

Date of Birth: _____ Grade Applying For: _____ Today's Date: _____

Church Denomination: _____ Race: _____ Gender: _____ M _____ F

Mailing Address: _____
Street City State Zip

County: _____

Student's Social Security Number (Required for 8th-12th): _____

Circle ALL that apply:

Student Lives With:

Mother Father Stepmother Stepfather Grandparents Guardian

Who has legal custody? _____

Parents are:

Married Divorced Widowed Separate Other: _____

Has applicant previously applied for Friendship Christian School? Y N

Student's Previous Education Background

Name of School	City, State	Grades Attended



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Family Information:

Father's Name: _____ Phone Number: _____
Address: _____ Same As Student: _____
Occupation: _____ Employer: _____
Cell Number: _____ Email Address: _____

Mother's Name: _____ Phone Number: _____
Address: _____ Same As Student: _____
Occupation: _____ Employer: _____
Cell Number: _____ Email Address: _____

Church: _____ Pastor's Name: _____
Attend Regularly? Y N Are You A Member? Y N Church Zip code: _____

Emergency Contact (Not the parents)

Name: _____ Phone: _____

SB10 STATE PROGRAM FOR SCHOLARSHIP

Student participates in the Georgia Special Needs Scholarship Program? Y N

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. (initial only if applicable) _____

Student Name Printed

Parent/Guardian Signed

Date

All application and registration fees are non refundable. See website for details.



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Permissions:

Media:

I give permission for my student's photo to be used by the school for advertising and communication purposes.

Signature of parent/guardian: _____ Date: _____

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: _____

Parent/ Guardian name printed: _____

Signature of parent/Guardian: _____ Date: _____

