



# Student Enrollment Contract

**Faith Christian Academy**  
220 Greene Street  
Cheraw, SC 29520  
(843) 537-0260  
(843) 537-1405 Fax

*Academic Excellence in a Christian Environment*

For Office Use Only: Date Received _____		
Deposit Pd Amt _____	Date _____	
Balance Pd Amt _____	Date _____	
Info Meeting _____		
Accepted: Yes _____	No _____	Date _____
Acceptance Letter: _____	Date _____	

*"...stand firm and hold to the teachings we passed on to you" 2 Thessalonians 2:15*

## STUDENT INFORMATION

Date of Application \_\_\_\_\_ Student to enter Grade: \_\_\_\_\_

Student's Name \_\_\_\_\_  
Last First Middle "Name preferred  
If other than first name"

Address \_\_\_\_\_  
Street City State ZipCode

Home Telephone \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Student resides with \_\_\_\_\_

Father \_\_\_\_\_  
Name Home Address Home Telephone

Father \_\_\_\_\_  
Email Cell phone

Employer \_\_\_\_\_  
Name of Firm Work Address

Father \_\_\_\_\_  
Work Telephone Job Title

Mother \_\_\_\_\_  
Name Home Address Home Telephone

Mother \_\_\_\_\_  
Email Cell phone

Employer \_\_\_\_\_  
Name of Firm Work Address

Mother \_\_\_\_\_  
Work Telephone Job Title

**CHURCH INFORMATION**

Name of church you now attend \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Pastor's Name \_\_\_\_\_

State your reasons for wanting your child to attend a Christian School.

\_\_\_\_\_  
\_\_\_\_\_

In consideration of Faith Christian Academy accepting my child for enrollment, I agree that I will accept full financial responsibility for my child's tuition and fees. I understand that my obligation to pay the fees for the full academic year is unconditional, and that after August 1 no portion of fees paid will be refunded or cancelled in the event of absence, withdrawal, or dismissal from this school. I understand that in signing this enrollment contract for the upcoming year I am agreeing to accept the rules and regulations of the current Parent Student Handbook. My signature also verifies that I am the parent or legal guardian of this child.

\_\_\_\_\_  
Father's signature Date

\_\_\_\_\_  
Mother's signature Date

**PERSONAL INFORMATION**

1. List any special interests, abilities, talents, or experiences of the student.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Names and ages of siblings:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MEDICAL AND DEVELOPMENTAL INFORMATION

1. To your knowledge, does your child have any communicable disease, such as: TB \_\_\_\_, HIV virus \_\_\_\_, or other? \_\_\_\_ If yes, explain. \_\_\_\_\_

2. Is your child presently on any kind of medication under the supervision of a physician? \_\_\_\_ If yes, state the condition, the name of the medicine, and the dosage. \_\_\_\_\_

3. Do you have medical insurance on your child? \_\_\_\_ If yes, please give company name and policy number. \_\_\_\_\_

4. In the event of an emergency involving the health and safety of your child and should the school be unable to contact you, the school should contact the following relatives, friends, or neighbors:

A. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Place of Employment \_\_\_\_\_ Telephone \_\_\_\_\_

B. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Place of Employment \_\_\_\_\_ Telephone \_\_\_\_\_

C. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Place of Employment \_\_\_\_\_ Telephone \_\_\_\_\_

5. Persons authorized to pick up your child:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

6. Maternal grandparents name and address:

\_\_\_\_\_

\_\_\_\_\_

7. Paternal grandparents name and address:

\_\_\_\_\_

\_\_\_\_\_

**FAITH CHRISTIAN ACADEMY: STATEMENT OF FAITH**

*We believe in the Trinity---Father, Son and Holy Spirit---God who exists from all eternity in three persons.*

*We believe that the Bible is the written Word of God, inspired by the Holy Spirit without error in the original manuscripts. The Bible is our infallible and divine authority in all matters of faith and life.*

*We believe that all men are sinners and are totally unable to save themselves or even to cooperate with God in efforts to earn their salvation.*

*We believe God alone saves. He draws people to Jesus by his Holy Spirit and convinces them of their sin and enlightens them so that they may repent of their sins and trust in Jesus Christ as He is offered in the Gospel.*

*We believe that Jesus Christ is the eternal Son of God, who became man and lived and died and rose again to atone for the sins of those who trust Him alone for their salvation. Jesus Christ is the only mediator between God and man.*

*We believe that God's Holy Spirit gives Christians the daily strength and wisdom they need to walk according to His will and to grow in holiness.*

*We believe that Jesus Christ shall return personally, visibly and bodily to judge all mankind, and to receive His people unto Himself.*

**STATEMENT OF EDUCATIONAL PHILOSOPHY**

*Faith Christian Academy is dedicated to educating the whole person (spiritual, intellectual, emotional, and physical) in the whole council of God as revealed in both nature and the Sacred Scriptures of the Old and New Testaments.*

*The educational program at Faith Christian Academy is dedicated to doing all things for the glory of God. Therefore, there will be no place for mediocrity in any part of the school program or in student performance. All members of the staff and student body will be expected to perform their responsibilities to the best of their God given abilities. The aim of Faith Christian Academy is to achieve excellence throughout the entire educational program.*

*I have read and understood the school's Christian Statement of Faith and understand that this Statement of Faith is the foundation of the school's curricula and policies. I desire my child be taught these principles.*

\_\_\_\_\_  
Father's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother's signature

\_\_\_\_\_  
Date

**Non-Discriminatory Policy**

Faith Christian Academy does not discriminate on the basis of race, national or ethnic origin in its admission policies, or in the administration of its programs.