



Fernandina Beach Christian Academy

1600 S. 8th Street • Fernandina Beach, FL 32034 • (904) 491 5664 • Frank Vacirca, Principal

A message from our FBCA Family...

Dear Parents,

Selecting the right school for your child's education is one of the most important decisions that you will make. You have many choices that offer varied educational experiences. Prayer, evaluation, discussion and first hand observation may assist you in making this important decision for your child.

Fernandina Beach Christian Academy is a family of Christian educators who believe uncompromisingly in the potential and promise of each child. We know that a child's walk with God is important, but just as important, is providing a strong academic education with emphasis on small class size. We respect each child's learning style and intellectual development. We are blessed to serve God, your child and your family.

Along with a standards based curriculum, our teachers work creatively and passionately for the success of each child. Our full enrichment program, ranging from Bible Studies and Conversational Spanish to Art, Physical Education, Music and Chorus, enhances each child's total education. We also have exciting and learning based afterschool programs and summer camps.

As Principal and Parent, I warmly invite you to visit our school and discover how we as educators, can join with you, as partners, for your child's successful school journey.

Forward in Faith and Friendship,

Frank Vacirca

Principal



Fernandina Beach Christian Academy

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STUDENT APPLICATION 2017 / 2018 School Year

GENERAL INFORMATION

Student Last Name: _____ **First:** _____
Middle: _____ **Preferred Name:** _____
Street Address: _____
City: _____ **State:** _____ **Zip:** _____ **County:** _____
Home Phone: _____ **Email Address:** _____
Gender: Male Female **Grade Applying to:** _____
Birth: mo ____ day ____ yr _____ **Student Social Security Number:** _____
School last attended: _____
Preschool: _____ **Days each week attended:** _____

EMERGENCY MEDICAL INFORMATION

Emergency Contact: _____ **Phone #:** _____ **Cell:** _____
Contact's Relation to you: Relative Friend Guardian Other
Applicant's Doctor: _____
Doctor's Phone: _____ **Hospital Preference:** _____

PARENT/GUARDIAN INFORMATION

Marital Status: Married <input type="checkbox"/> Widow <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/>	Marital Status: Married <input type="checkbox"/> Widow <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/>
Father's Name: _____	Mother's Name: _____
Address: _____	Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Phone: _____ Cell: _____	Phone: _____ Cell: _____
Employer's Name: _____	Employer's Name: _____
Occupation: _____	Occupation: _____
Business Phone: _____	Business Phone: _____
Email: _____	Email: _____

Church You Attend: _____ **Pastor's Name:** _____

Church Member: Yes No **Attendance:** Regular Seldom Never

If you are looking for a church home, would you like to be contacted by First Baptist Church

Yes No

STUDENT INFORMATION

1. Does your student have normal vision? Yes No
2. Does your student have normal hearing? Yes No
3. Does your student receive speech therapy? Yes No
4. Does your student have any health problems? _____

5. Allergies to foods? If yes to _____

6. Is your student presently taking any medication? Yes No If yes, kindly explain the reason _____

7. Has your student received special help for reading or learning difficulty? _____

8. Has your student ever repeated a grade? No Yes Which grade(s)? _____

9. Has your student ever been administered psychological, behavioral, or academic testing to determine if he/she is gifted, has a learning disability, ADD, ADHD, behavioral, neurological, sensory, or emotional disorder? If yes, please explain. _____

Please attach test results from tests or evaluations so we might better assist your child.

10. Describe any illness, diseases or physical disabilities that either have affected or may affect your child's general health, schoolwork. _____
11. Schools your child has attended (most recent first) _____
12. In what activities does your child participate? (e.g. sports, art, dance, martial arts, music) _____

13. Please include your parental perspective on your child. Include your child's strengths and abilities, special interests, areas of concern and his/her relationship with God. We appreciate your assistance in helping us to know your child.

(Optional for returning students)

MISSION STATEMENT

Fernandina Beach Christian Academy is a Christian school assisting families by providing excellence in academics while instilling Biblical principles in students' lives that they might impact our world for Christ.

As the parent or guardian of the student applicant named herein, we state that we have read and agree with the mission Statement of Fernandina Beach Christian Academy. Furthermore, we agree that upon acceptance of the herein named student, we will pledge ourselves to work with staff, administration, and faculty within this statement to the success and wellbeing of our student. We will assist and cooperate with the school in the Christian education of our child. We understand and acknowledge that continued enrollment of our child in the school shall be subject to the payment of all tuition and fees set forth on the schedule of tuition and fees and our child's compliance with the code of conduct and policies established by Fernandina Beach Christian Academy.

Signature of Father/Guardian

Signature of Mother/Guardian

Date _____

NEW STUDENT APPLICATION PROCESS

The following steps are necessary in order to complete the admission process.

1. Complete and sign the application.
2. Include a copy of the student's birth certificate with the application.
3. Include a copy of the student's Medical /Immunization Record with the application.
4. Include a copy of previous year and current year report cards with the application.
5. New students transferring to FBCA are required to have an interview with the Principal in advance of prospective enrollment as well as a letter of reference from a previous teacher or an administrator from the sending school.

Upon acceptance to Fernandina Beach Christian Academy, the application fee of \$100.00 is due by March 31st, 2017.

The supplies fee (\$150.00) and the registration fee (\$450.00) are payable by July 31st, 2017.

The tuition for school year 2017-2018 is \$ 4,800.00.

Payment Plan: Full payment (5 % discount) 10 Month Plan 12 Month Plan

I have read the New or Returning Student Application process and will provide all the above items.

I understand that this application cannot be processed if all information is not complete.

Parent's Signature

Date: _____

Statement of Cooperation

FINANCES: We understand it is necessary that parents pay tuition for the amount stated on the Tuition and Financial Information statement. No grades or records will be released if the student’s account is not paid up to date. We further understand that there are no refunds or transfer of fees to other children or other school years for the Registration Fee. The full month’s tuition is due for any month in which the student attends one or more school days. All fees are due in full and are non-refundable. Refunds are for tuition only, and will be made on accounts that are paid beyond the current month if the student withdraws.

SCHOOL ACTIVITIES: We give permission for our child/children to take part in any and all school activities, class field trips, including sports and school-sponsored trips away from the school premises, and absolve the school from liability to us or our child because of any injury to us or our child at school or during any school activity. In case of emergency or serious illness, we request the school contact us first. If we are not available, please contact the designated emergency contact. If the emergency contact cannot be reached, the school has my permission to make whatever arrangements deemed necessary for our child/children’s treatment. If the emergency is life-threatening and we cannot be reached, the physician has permission to act accordingly, absolving the school of any liability. This statement of cooperation will serve as a blanket permission slip from August 1, 2017 to July 31, 2018.

DISCIPLINE: We believe discipline is a necessary aspect of our child/children's education. We give permission for our child/children's teacher and/or administration to make and enforce classroom regulations in a manner consistent with Christian principles and discipline as set forth in Scriptures. We understand that we have the responsibility to actively support the authority, philosophy, objectives, policies, procedures, and discipline of the school.

PARENTAL COMMITMENT: We understand our child/children is accepted on a general probationary status for the first quarter. We agree that we will not complain to other parents, but will register only necessary complaints with the teacher or administration following the Matthew 18 principle. We pledge our full cooperation to keep doctrinal controversy out of the school. We agree to support the school with our prayers and positive attitude. We understand that if at any time the school determines that our actions do not support the ministry, or reflect a lack of cooperation and commitment to the home and school working together, the school has the right to request the withdrawal of our child/children. We understand that Fernandina Beach Christian Academy reserves the right to dismiss our student for lack of cooperation on the part of the student, parent and/or guardian.

If parents are separated or divorced, who has legal custody?

In the event of sole primary custody, the school requires copies of the custodial legal documents to be provided to the school office.

We have read the Application and Statement of Cooperation and the 2017-2018 Tuition and Financial Information statement and hereby agree to abide by their stated policies.

Signature of Father/Guardian

Signature of Mother/Guardian

Date

Fernandina Christian Academy admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, and other school-administrated programs.



PICKUP-INFORMATION

Please complete this form and return it. We will keep this information on record for the school year. If any of this information changes, please contact our school office at 904-491-5664. Please notify the necessary individuals you note below and ask them to always have a picture ID when signing out/picking up your child as we may ask to see it to ensure your child's safety.

** Please remember that for custodial issues, a court document must be present in the child's file in order for either parent to be denied the ability to sign out their child.

Thank you for your help in keeping all of our children safe! Frank Vacirca, Principal

Student's Name: _____

Teacher: _____

Grade: _____

Indicate the name, relationship, and phone numbers of anyone for whom allow your child to be signed out/picked up from school. Include any daycare services that may pick up your child. We will only allow those noted below to sign out/pick up your child from school upon receiving this form in our office. If you wish to add/delete someone to this list, you must visit our school office and amend the form in person. We require photo IDs for the principal drivers. The first set of lines is for primary parent/guardian information. Thank you again for your commitment to our students' safety. In the event of an emergency on unforeseen circumstances, the receptionist or principal must be notified.

Name: _____ **Relationship to Student:** Parent/Guardian
Home Phone: _____ **Cell Phone:** _____ **Work Phone:** _____

Name: _____ **Relationship to Student:** _____
Home Phone: _____ **Cell Phone:** _____ **Work Phone:** _____

Name: _____ **Relationship to Student:** _____
Home Phone: _____ **Cell Phone:** _____ **Work Phone:** _____

Name: _____ **Relationship to Student:** _____
Home Phone: _____ **Cell Phone:** _____ **Work Phone:** _____



FERNANDINA BEACH
CHRISTIAN ACADEMY

MEDIA RELEASE & MEDICAL AUTHORIZATION

Student's name: _____ Age: _____

MEDIA RELEASE

I hereby give my consent to all photographs, audio recordings, and/or video recordings taken of me or my minor child by Fernandina Beach Christian Academy staff or their designee. I understand that any such photographs, audio recordings, and/or video recordings become the property FBCA may be used by the school, their consent, for educational or promotional purposes.

Parent's Signature _____ Date _____

MEDICAL AUTHORIZATION

We, the undersigned, and parents of _____, hereby authorize Fernandina Beach Christian Academy, to authorize any and all medical treatment they, in their discretion, see fit. This includes, but is not limited to, treatment to relieve pain.

A photocopy of this authorization shall be deemed effective as if it were an original. This authorization shall remain in effect until the last official day of the school year.

MEDICAL INSURANCE COMPANY: _____ GROUP # _____

POLICY # _____ MEDICAL INSURANCE CO. PHONE #: _____

PEDIATRICIAN: _____ PEDIATRICIAN PHONE #: _____

Parent's Signature _____ Date _____

State of _____

County of _____

The foregoing instrument was acknowledged before me the _____ day of _____, 20_____

by _____ who is personal known _____ to me or who has produced _____, as identification.

Signature of Notary Public

Official Notary Seal



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Records Release Request SY 2016-17

Student Information

School: _____

Student Name: _____ Date of Birth: _____

Mailing Address: _____

Home Phone: _____

Cell Phone: _____

Parent Signature

Date

Please return this form promptly to the student office.



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Volunteer Opportunities SY 2016/17

Name: _____

Address: _____

Phone: _____ Email: _____

YES, I would be interested in volunteering some time to help out!

Please check any volunteer opportunities you are interested in:

- Open to help as needed.
- Clerical Support
- Computers and Technology
- Facilities Planning and Construction
- Fundraising and Events
- Grants and Endowments
- Art and Recreation

My field of expertise or a talent I may be able to share is:

I AM SORRY, I am unable to volunteer at this time but would be interested in being on the mailing list for upcoming events.

Kindly return this form to our school secretary. Your help will advance the mission and goals of our school.

Forward in faith,
Frank Vacirca
-Principal-



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Prospective Student Transfer

_____ may transfer to Fernandina Beach Christian Academy. We will meet with this student and conduct an interview and assessment. Could you kindly assist this process by providing the following information? Please know that your comments are valued and appreciated.

If you have any questions, please feel free to contact me.

Thank you.

Forward in Faith,

Frank Vacirca
Principal

Student's Full Name

Name of School

Present Grade: _____

Reading Level: _____

Comments: _____

Math Proficient at Grade Level: _____ Verbal Skills: _____ Writing Skills: _____

Behavior/Conduct/Additional Comments: _____

Would this child require special accommodation? Yes No

Please explain: _____

Does this child receive any special services? Yes No

Please explain: _____

Submitted by: _____ Title: _____ Date: _____



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Name of applicant _____ Grade _____

To the Parent: Print the above information and give this form to the student's teacher. Please read and sign the statement below. For the student named above, I acknowledge that I waive my right to read the confidential teacher recommendations. I understand that teacher recommendations are to be sent directly to the school, and will not be accepted unless received directly from the school. I/We release every person and institution from any and all liability resulting from or pertaining to the furnishing of records, documents, and other information provided to Fernandina Beach Christian Academy.

Name of Parent or Guardian (please print) _____

Phone _____ Signature of Parent/Guardian _____

Date _____

To the teacher: This student is seeking admission to Fernandina Beach Christian Academy. We would appreciate your observations about the areas listed below. Please be assured that this information will be held in strict confidence, that it will be used solely for the admissions process and will be removed from the student file upon enrollment. If you wish to discuss this student personally rather than complete this form, please check here , sign the form and note your telephone number. The School Principal will contact you.

AREAS	Below Average	Average	Good (Above Average)	Excellent (Top 10%)	Outstanding (Top 5%)
ACADEMIC ABILITY					
INTELLECTUAL					
PROMISE					
INTEGRITY					
CONDUCT					
CLASS DISCUSSION					
DISCIPLINED					
WORK HABITS					
OVERALL QUALITIES					
MATURITY					

If the student is relatively weak or strong in any areas listed above, please elaborate.

What are the first three words that come to mind to describe this student?



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Please comment on this student's character, citizenship, and contributions to your community.

Please add any additional information that will give us a more complete picture of the student.

Thank you for taking your valuable time to complete this evaluation. Your reflections are an important part of the candidate's application. All information you provide will be held in confidence and disclosed only to the Admission Committee and others deemed necessary by the School Principal. Please mail directly to our office.

Printed Name

Title

Signature

Date

Printed Email Address