

Connecting Faith and Learning

APPLICATION FOR ENROLLMENT

FLORENCE CHRISTIAN SCHOOL 2308 South Irby Street Post Office Box 12809 Florence, SC 29504

www.fcseagles.org

ADMISSIONS OFFICE (843) 661-4337 MAIN OFFICE (843) 662-0454

AGE REQUIREMENTS & ADMISSIONS:

- Students entering 3K must be three years old on or before September 1.
- Students entering 4K must be four years old on or before September 1.
- Students entering 5K must be five years old on or before September 1.
- Students entering first grade must be six years old on or before September 1.
- All new students are accepted on probation for a period of six weeks.
- To complete the Admissions process, for all new students $3K 12^{th}$ grade, parents are to bring to the school office:
 - 1. Completed Application with Continuous Enrollment contract
 - 2. Completed Statement of Faith & Agreement of Support (separate Statement of Faith & Agreement of Support must be signed by students in $7^{th} 12^{th}$ grade)
 - 3. Recent standardized test and report cards (5K-12th grade)
 - 4. Completed Certificate of Immunization
 - 5. Birth Certificate (3K 1st grade only)
 - 6. Enrollment fees

STATEMENT OF FAITH:

Florence Christian School holds to the Statement of Faith of Florence Baptist Temple and is attached to and part of this Application.

SCHOOL OBJECTIVES: •

The mission of Florence Christian School is to assist parents in developing a biblical worldview in the minds of their children by providing an excellent education based on principles of God's Word.

We desire to produce students that can think independently through a biblical worldview so that they can wisely and appropriately apply knowledge that will guide them in their God-given responsibilities.

	OFFICE USE ONLY
Enr. Fee	Book/Mat. Fee
Tuition	Ck / Receipt #:
Start Date:	

Parents/Guardian Name		Primary Contact Number:		
(As you wish it to appear for ma Primary Contact Email:				
Filmary Contact Email.				
Address				
Street	City	State	Zip	
Fother's Nome	Place of Emp	Novmant		
Business Phone		noyment		
2 45 110 10				
Cell Phone	E-Mail Address			
M-412-N	Dlaga of Essa			
Business Phone	Place of Emp	ployment		
Dusiness I none				
Cell Phone	E-Mail Address			
	her & Father Only O Mothe	er Only Guardian Father & St	epmother o Mother & Stepfather	
Other:	attend at this time?			
Are you a member? • Yes •			·	
Who recommended FCS to yo	ou?			
	131/131 FGG			
Why do you wish to send your	r child/children to FCS?			
List two local individuals that	can be reached quickly for emergency	v pick up purposes who will assum	e temporary care of your child if you	
cannot be reached:	1 3		1 3 3	
	Relation	nship to child		
Telephone				
Name	Relation	nship to child		
Telephone				
-				
	171/171			
I hereby give permission for F	CCS to release my child/children to the	e following persons (do not relist par	rent's or emergency contact names):	
Name of Physician		Telephone		

	1 ST	2 ND	3 RD	4 TH
	APPLICANT	APPLICANT	APPLICANT	APPLICANT
Last Name				
First Name/Middle Name				
Preferred Name				
Male/Female				
Date of Birth				
Grade to Enter				
Last School Attended				
Address of Above School				
Failed a Grade?				
If yes, please Explain. Serious Discipline Problems?				
Explain.				
Mental/Physical Handicap? Explain				

If enrolling a 3K/4K student will they attend: Half Day or Full Day (please circle one) Have the above listed students/or a sibling ever attended FCS? • Yes • No			
Do you have a child presently attending FCS? • Yes • No Name(s)			
CONTINUOUS ENROLLMENT CONTRACT:			
• By signing below, I hereby opt into Continuous Enrollment. This means that my child(ren) will keep coming back to FCS every year unless I tell the school otherwise.			
• I understand that I have until March 15 every year to notify the FCS Admissions Office of any changes in my plans of			
 enrollment for my child for the next school year. If I breach this contract by disenrolling my child after March 15, I understand that I will be contractually obligated to pay the re-enrollment fee before records are sent to another school. 			
 Florence Christian School recognizes that family plans change. For unique circumstances such as the following, families disenrolling after the announced deadline will be exempt from the re-enrollment fee: Moving/Relocating 25+ miles away from FCS. 			
 Disenrollment at the request of FCS. 			
PARENTAL STATEMENT OF COOPERATION:			
FINANCIAL COOPERATION			
Tuition will be paid on a ten-month basis with the first payment being due on August 1. Book & Material fees are due on June 1. Late fees will be charged for Tuition or Book & Material fee outstanding on the 11 th of applicable month.			
Enrollment and Book & Material fees are NON-REFUNDABLE unless the child & family are relocating 25+ miles away from the school or if the disenrollment is at the request of FCS.			
Tuition payments are due on the first day of the month. An account is considered delinquent on the 11 th day of the month, and a late fee of \$20.00 per student will be charged. If this account is not made current within 45 days, the student will be removed from the school until the balance is brought up-to-date. Transcripts of records will not be released if an account is not current. Report cards will be held if an account is not current.			
 All tuition and childcare fees must be current before the Continuous Enrollment will be accepted. 			
The undersigned is to be responsible for and punctual in making regular tuition payments for each month that the child is enrolled. In case of withdrawal from FCS; if later than the 15 th of the month, the full month's tuition must be paid. Before the 15 th that month's tuition will be prorated. No deductions will be made for absences.			
BEHAVIORAL COOPERATION Believing that discipline is necessary for the welfare of the students and school, full cooperation in the area of discipline will be expected from both student & parents. When misconduct occurs, corrective measures will be used to help the student change his/her behavior and attitude. FCS believes that biblically it is the parent's responsibility to handle the discipline of their children. Should the need arise for disciplinary action, above what the school policy states, parents will be contacted to handle the discipline of their child. The child will not be allowed to return to the classroom until the parents have met with an administrator.			

The school reserves the right to dismiss any student who does not respect its standards or fails to cooperate in the educational program. All students are accepted on a six-week trial basis.

DOCTRINAL COOPERATION

I agree to cooperate and support the ideals and statement of faith of Florence Christian School as outlined in the FCS Parent Handbook and Florence Baptist Temple Statement of Faith. We sincerely pledge our loyalty to the aims and ideals of the school.

LEGAL COOPERATION

By this application, it is my desire for my child to attend Florence Christian School. I give permission for my child to take part in all school activities, including sports and school-sponsored trips away from the school premises, and absolve the school from liability to me or my child because of any injury to me or them at school or during any school activity. In case of accident, emergency, or serious illness, I request the school contact me. If the school is unable to reach me, I hereby authorize the school to use my child's physician and follow his instructions. If unable to contact his physician, the school may make whatever arrangements seem necessary.

FCS uses photographs/video of	f its students for marketing J	purposes. I understand	that it is my respon	sibility to notify t	he school in
writing if I do not want my chi	ld's photo used.				

Date	Signed	