

## Family Christian Academy A Ministry of Family Worship Center

8919 World Ministry Ave., Baton Rouge Louisiana, 70810 Phone: 1-(225)-768-3026 or 1-(225)-768-3027

## APPLICATION PROCESS FORM

## \*ALL FEES ARE NON-REFUNDABLE

| Student's Name:                                   |                   | Grade:               | Date:         |  |
|---|-------------------|----------------------|---------------|--|
| 1. \$50.00 Application Processing Fee*            | Check#            |                      | Receint#      |  |
| 2. \$50.00 Placement Test Fee*                    |                   | Receipt#<br>Receipt# |               |  |
| 3. Application                                    | encen             |                      |               |  |
| 4. Pastor Recommendation Form                     |                   | TESTING              |               |  |
| 5. Principal Recommendation Form                  |                   | Admin Testing App    | nroval        |  |
| 6. Student Information Card                       |                   | Testing Date/Time    |               |  |
| 7. Student Pre-enrollment Form                    |                   | resting Date/ Time   |               |  |
| 8. Student Enrollment/Re-enrollment Form          |                   |                      |               |  |
| 9. Copy of Birth Certificate                      |                   |                      |               |  |
| 10. Copy of Social Security Card                  |                   |                      |               |  |
| 11. Copy of Immunization Records                  |                   |                      |               |  |
| 12. Copy of Special Testing Reports (regarding re | ading or learning | g difficulties)      |               |  |
| 13. Copy of past Achievement Testing Results      |                   |                      |               |  |
| 14. Copy of previous Report Cards                 |                   |                      |               |  |
| 15. Food Borne Allergy Notification Form          |                   |                      |               |  |
| 16. Handbook (received and read)                  |                   |                      | (please sign) |  |
| 17. Media Release Form                            |                   |                      |               |  |
| 18. Restricted Pick-Up List                       |                   |                      |               |  |
| 19. Assumption of Responsibility/Statement of As  | -                 | _                    |               |  |
| 20. Copy of Court Ordered Legal Documents rega    | arding Child Cus  | tody                 |               |  |
| 21. Interview with Administration (if applicable) |                   |                      |               |  |
| Appointment S                                     | cheduled With     | Administration       |               |  |
|   | /                 |                      |               |  |
| Da  | ate Tir           | me                   |               |  |
|   |                   |                      |               |  |
| (Approved by Administration)                      | (I                | Date)                |               |  |
|   |                   |                      |               |  |
| (Denied by Administration)                        | (                 | Reason for Denial)   |               |  |
|   |                   |                      |               |  |
| Registration Paperwork Completed:                 | /                 |                      |               |  |
| (Date)  | (Bookkeep         | er's Signature)      |               |  |