



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

Student's Name: _____ Grade: _____ Date: _____

- ___ 1. \$100.00 Application Processing Fee Check# _____ Receipt# _____
- ___ 2. Application
- ___ 3. Pastor Recommendation Form
- ___ 4. Principal Recommendation Form
- ___ 5. Teacher Recommendation Form
- ___ 6. Student Information Card
- ___ 7. Student Pre-enrollment Form
- ___ 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 reading or learning 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 Agreement Form (signed and dated)
- ___ 20. Copy of Court Ordered Legal Documents regarding Child Custody
- ___ 21. Interview with Administration (if applicable)

Appointment Scheduled With Administration	
_____ / _____	_____
Date	Time

(Approved by Administration)

(Date)

(Denied by Administration)

(Reason for Denial)

Registration Paperwork Completed: _____	_____
(Date)	(Bookkeeper's Signature)