

# **FAMILY CHRISTIAN ACADEMY**

11625 E. 15<sup>th</sup> St. S.  
Independence, Missouri 64052  
Phone (816) 836-1075  
Fax (816) 833-7745  
[www.familychristianacademy.net](http://www.familychristianacademy.net)  
[familychristianacademy07@comcast.net](mailto:familychristianacademy07@comcast.net)

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## **REGISTRATION**



**WE INVEST IN WHAT IS IMPORTANT TO US  
GOD - STUDENTS - FAMILIES**

Family Christian Academy  
**Enrollment Registration Process**

- Complete Enrollment Registration Forms  
Read and initial all agreements. Form will not be accepted if all information is not complete.
- Read Parent/Student Handbook
- Review Financial Agreement  
Note that if you have an outstanding balance you will not be allowed to register without speaking with Administration. Please return the form labeled "FILE" with the enrollment forms.
- Remit all forms and initial Fees and Tuition Payments  
***Note: All fees are non-refundable.***
- Pray for God's guidance for in everything we do.
- Pray for God to begin working in the lives of our young people now.
- Pray for God's provision.

Family Christian Academy  
EDUCATION FEE CONTRACT

Current School Year:

|                                    |
|------------------------------------|
| <input type="checkbox"/> 2019-2020 |
| <input type="checkbox"/> 2020-2021 |
| <input type="checkbox"/> 2021-2022 |
| <input type="checkbox"/> 2022-2023 |

FEES & FIRST MONTH'S EDUCATION FEE DUE BY – AUGUST 1 of current school year  
KARATE FEE DUE BY – OCTOBER 1 of current school year

By signing below, you are acknowledging the following:

I/We agree to pay all fees and all other related costs according to the schedule and option that I/we have selected on the attached Education Fee Payment Option form and Financial Statement

I/We understand that all tuition payments are due by the 1st of each month and considered late after the 1<sup>ST</sup> and a late fee will be assessed. **If the 1<sup>st</sup> is on a Saturday, Sunday or Holiday, payment is due the business day before.**

I/We understand that any account over **30 days late**, without specific payment plan, will be subject to collections and legal proceedings, and the registered student(s) will be subject to dismissal and will not be allowed to return to school until the balance on the account is paid in full by cash or money order or acceptable payment arrangements are made within three (3) days of account due date. **ALL FINANCIAL ARRANGEMENTS MUST BE MADE WITH SCHOOL ADMINISTRATOR.**

I/We understand that if we select the full or semester payment options and payment is not made on the due date, any discounts given will be voided and the full tuition amount will be due.

I/We understand FCA will assess a late fee of \$35 for all late payments. LATE FEE **will be applied on the 2nd** to all accounts with an unpaid balance and will be enforced. **LATE FEE MUST BE TURNED IN WITH THE MONTHLY PAYMENT DUE.** Payments will be applied to Late Fee charges first then monthly Education Fee.

I/We understand that there may be extra costs/charges for special activities, e.g., lunch out, fieldtrips, etc. during the current school year.

I/We understand that the **student(s) MAY NOT participate in Hot Lunch or Pizza Days if account is not current and I/We understand lunch/pizza may not be brought in for the student(s), on these specified days, if these privileges have been suspended and the student(s) must bring a sack lunch instead.**

I/We understand that delinquent fees and penalties may be cause for termination of services.

I/We understand that **student will not be allowed to participate in any off-campus activities (school field trips, sports, etc.) if the account is not current.**

I/We are responsible for any costs, i.e. attorney or collection fees, that may be assessed in the collection of unpaid fee and/or penalties due according to my Financial Agreement.

I/We accept the policy of FCA that no records, grades and/or transcripts will be released unless the account is paid in full.

I/We accept responsibility for any damage to the school property or school materials caused by my (our) student(s).

I/We agree that all fees are non-refundable.

I/We understand that a student with an outstanding balance from the previous year cannot be registered for the next academic school year until the entire balance is cleared. Any fees or funds received for the current year will first be applied to the outstanding balance.

I/We understand that upon withdrawal or dismissal during the school year, tuition will be due for the complete month of withdrawal. Pro-rated refunds will only be given for advance payments of tuition (excluding enrollment fees, book fees, testing fees, Karate fees) beyond the current month of withdrawal or dismissal.

Please refer to the attached Financial Agreement and Payment Options sheets for Education Fee amounts and other fees. All sheets are incorporated as a part of this contract.

THIS CONTRACT BECOMES VALID WHEN SIGNED BY THE RESPONSIBLE BILLING PARTY FOR THE STUDENT(S) ENROLLED AT FCA.

Responsible Billing Party Signature \_\_\_\_\_ Date \_\_\_\_\_

Responsible Billing Party Signature #2 \_\_\_\_\_ Date \_\_\_\_\_

Authorized FCA Signature \_\_\_\_\_ Date \_\_\_\_\_

Family Christian Academy  
**PHOTO RELEASE FORM**

Student \_\_\_\_\_

School Year \_\_\_\_\_

Student \_\_\_\_\_

School Year \_\_\_\_\_

Student \_\_\_\_\_

School Year \_\_\_\_\_

Student \_\_\_\_\_

School Year \_\_\_\_\_

Throughout the school year our students are photographed or videotaped while participating in classroom activities/fieldtrips. These photographs may be used as class projects/bulletin boards/school web pages/classroom newsletters/school information guides/newspapers.

Please give your permission for your child to be photographed and videotaped as part of these educational experiences.

Yes, I give permission for Family Christian Academy to use photographs or videos of my child (children), as well as artwork or stories produced by my child/children as part of these educational experiences.

- Yes – with full name
- Yes – with first name only
- Yes – with initials

No, I do not want my child's/children's picture, name or artwork samples to appear in any areas listed above.

***This permission does not extend to social network sites, instructor's personal sites, electronic transmissions to others or internet videos, such as You-tube.***

***This permission is only for usage by Family Christian Academy.***

Parent / Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Family Christian Academy  
**FUNDRAISING OBLIGATION / BUYOUT**

**Current School Year:**

- |                                    |
|------------------------------------|
| <input type="checkbox"/> 2019-2020 |
| <input type="checkbox"/> 2020-2021 |
| <input type="checkbox"/> 2021-2022 |
| <input type="checkbox"/> 2022-2023 |

It is the goal of FCA to keep our Education Fee as low as possible. Fundraising is the only way we can accomplish this goal. In order to make it through the summer months and occasional repairs and supplies, we must raise at least \$5000 each school year. Our Fundraising Policy is:

- The first student in a family must raise \$ 150 *in profit*
- The second student in a family must raise \$ 100 *in profit*
- The third or more student in a family each must raise \$ 50 *in profit*

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PLEASE INDICATE WHICH BUY-OUT OPTION YOU WISH:

- Pay \$150.00 up front and not participate in any fundraising events
- Add the amounts to the tuition to pay monthly, and not participate in fundraising events
- Participate in the events, and any amount of profit not earned (about \$38 profit per 4 events) will be added to the April Statement and must be paid by May 1.

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Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Family Christian Academy  
**PARENTAL PARTNERSHIP AGREEMENT**

We understand that enrollment in Family Christian Academy is not a right, but a privilege. This privilege may be forfeited by any student who does not conform to the standards and regulations of the school, and that the school may request the withdrawal of any student at any time, who, in the opinion of the school, does not fit into the spirit of the vision and goals of the school, regardless of whether or not the student conforms to the specific rules and regulations of the school.

Family Christian Academy is not a pay for service academic institution as much as it is a **partnership** between Family Christian Academy and the Family Christian Academy parents and students. We must all think of the good of the whole in everything we do at FCA. Partnership is the **key to success** in achieving our **mission together** of impacting the future. To that end, by signing below you acknowledge having read the Partnership Section.

- I/We, the parent(s), have received and reviewed the policies and guidelines set forth in the FCA Handbook.
- I/We, the parent(s), agree to address any questions or concerns we may have regarding education at FCA with the appropriate FCA staff in an attitude of partnership and respect.
- I/We understand my/our child's(ren's) attendance is a privilege, not a right. I/We understand that if at any time the FCA administration determines that my/our child's(ren's) conduct, academic progress, or cooperation with FCA Authorities is not in accordance with the school's requirements and/or FCA is not able to provide the special needs that my/our child(ren) may require, I/we understand and agree that my/our child(ren) will be dismissed without prior notice or hearing with the Administration and faculty and that any such dismissal is final and not subject to appeal.
- We promise to support the total program of Family Christian Academy to the best of our ability.
- I/We understand that discipline is positive training in the right direction (Proverbs 22:6), and we will support the school in their efforts to discipline my/our child(ren) in accordance with the standards of the school.
- I/We further agree to cooperate by disciplining my/our child(ren) in the home
- Realizing the degree my/our child(ren) are influenced by our words and actions, we promise to refrain from negative remarks and discussions concerning the school in the presence of my/our child(ren).
- I/We will endeavor to support and uphold the principles, practices, rules, regulations, handbook and educational policies of the school. If we are in disagreement with the school policy or with another school parent, we will follow the Scriptural procedures as found in Matthew 18.
- I/We understand that if we ever find we cannot accept the standards of Family Christian Academy, we will withdraw my/our child(ren) from the school and forfeit all monies and fees paid.
- I/We understand that if my/our child is dismissed or withdrawn during or at the end of the school year, student records will not be released to anyone until the school account is ***paid in full***.
- I/We understand that part of my/our partnership with FCA is to take full responsibility for the Education Fees and I/we agree to keep my/our account up to date. If, for any reason, I/we should need to ask for a deviation from my/our agreed upon payment plan, I/we will contact the FCA administrator and/or the accounting department to discuss possible payment arrangement ***before payment is due***.
- I/We understand there will be no reduction in the Education Fee for time missed by my/our child due to illness or other reasons. I/We also understand **there will be no adjustments made to the Education Fee for early withdrawal within the month**. Adjustments will be made on accounts with annual or quarterly Education Fee payments.

I/We partner with Family Christian Academy to uphold the rules to the best of my/our ability. I/We will support the faculty, staff and administration in my/our personal association with them in my/our conversation with others, and in my/our prayers.

\_\_\_\_\_  
Father / Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother / Guardian Signature

\_\_\_\_\_  
Date

Family Christian Academy  
**STUDENT STANDARD OF CONDUCT AGREEMENT**

We care about your behavior! The following standards for FCA students will aid in your learning, enhance your witness, and make our environment a more pleasant experience. These policies are not intended to hamper your personal freedom or identity; please remember the primary goal of Family Christian Academy is to educate and train young men and women for Christian service. We believe these guidelines are consistent with that goal. Christian leaders must set the most positive example and submit to a higher standard.

As a student at Family Christian Academy, I will abide by the following contract. If I choose not to meet these guidelines I am choosing to exit from the program. \_\_\_\_\_ (student initials)

I will refrain from any illegal or immoral behaviors. I will live within the generally accepted guidelines for Christian behavior as related to abstaining from smoking, alcohol, drugs, sexual activities for young people and questionable activities and events. \_\_\_\_\_ (student initials)

**In addition, I willingly commit to the following:** (Please initial next to each statement as you read and accept)

- \_\_\_\_\_ **1. Responsibility:** In order to be responsible, I will take ownership of my own learning. I will complete all assignments on time and to the best of my God-given ability. I will have all items for each class. I will be on time and in my seat ready to learn.
  
- \_\_\_\_\_ **2. Respect:** I will be considerate to all students, teachers, and staff at FCA. I will not use vulgar language or dress inappropriately. I will use good personal hygiene. I will not deface the property, textbooks or materials I use.
  
- \_\_\_\_\_ **3. Responsiveness:** I will work with the teacher and other students in the class. I will be actively engaged in learning. I will not be disruptive to the teaching environment.
  
- \_\_\_\_\_ **4. Resourceful:** I will earn credit in all my classes by completing all the work that is required. I will not be off task or sleep in class. I will make every effort to do my best work.
  
- \_\_\_\_\_ **5. Character:** I will be honest in my communications and interactions with all individuals.
  
- \_\_\_\_\_ **6. Personal Growth:** I will seek to grow as a Christian in my response to God and to His Word as a guide for Christian living, by studying my Bible, and praying; by accepting guidance and correction.
  
- \_\_\_\_\_ **7. Absences/Tardies:** I will attend my classes regularly. I understand the attendance policy and know I cannot meet my goals effectively if I am habitually absent or tardy. I further understand that tardiness is not acceptable, and commit to both being on time and prepared.
  
- \_\_\_\_\_ **8. Closed Campus:** I understand this is a closed campus. I will not leave campus during the school day without the express written permission from parents and agreement by the school office.

I have made a profession of faith in Christ by asking Him to be my Personal Savior and I have a daily relationship with Him? \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

***MUST BE COMPLETED BY STUDENTS ENROLLED IN  
5<sup>TH</sup> – 12<sup>TH</sup> GRADES ONLY***

Family Christian Academy  
**IMMUNIZATION RECORDS**

FCA must follow the immunizations required under the laws of Missouri. Students must comply with the immunizations below or they may be withheld from classes until all of the immunizations are up to date.

**Immunizations for School Attendance**

| <u>Vaccines</u>  |  |
|--|--|
| <p><b><u>DTP/ DTaP/ DT/Td</u></b><br/>Diphtheria,<br/>Tetanus,<br/>Pertussis</p>     | <p><b>K4-K5:</b> 5 doses of DTaP, DTP or DT, or any combination, if the fourth dose was administered prior to the 4<sup>th</sup> birthday</p> <p><b>Grades 1-12:</b> 3-4 doses of DTaP, DTP, DT or TD or any combination (For students age 7 or older, if the 3<sup>rd</sup> dose is Td a 4<sup>th</sup> dose is not required.)</p>  |
| <p style="text-align: center;"><b><u>POLIO</u></b></p>                               | <p><b>Kindergarten:</b> 4 doses if a combination of OPV or IPV was administered. 4 doses of all OPV or all IPV is required if the 3<sup>rd</sup> dose of either vaccine was administered prior to the 4<sup>th</sup> birthday</p> <p><b>Grades 1-12:</b> 3 doses of OPV or IPV or any combination of OPV or IPV</p>  |
| <p style="text-align: center;"><b><u>MMR</u></b><br/>Measles, Mumps,<br/>Rubella</p> | <p><b>K4-12:</b> 2 doses of MMR. Dose 1 must be administered on or after the first birthday. The second dose must be administered at least 28 days after dose 1.</p>   |
| <p style="text-align: center;"><b><u>HEPATITIS B</u></b></p>                         | <p><b>K4-12:</b> 3 doses of Hepatitis B. The 2<sup>nd</sup> dose must be administered at least 28 days after the first. The 3<sup>rd</sup> dose should be given at least 16 weeks after the 1<sup>st</sup> dose and at least 8 weeks after the 2<sup>nd</sup> dose. The last dose in the series (3<sup>rd</sup> or 4<sup>th</sup> dose) should not be administered before age 24 weeks</p> <p><b>Grades 9-12:</b> Hepatitis B not required</p> |
| <p style="text-align: center;"><b><u>VARICELLA</u></b><br/>Chicken Pox</p>           | <p><b>K4 - 1:</b> 1 dose of Varicella vaccine must be administered on or after the first birthday</p> <p><b>Grades 2-12:</b> Varicella not required</p>  |

It is the responsibility of the parent/guardian to provide proof of the required immunizations to the school. If you are not sure if your child is up to date on his/her immunizations, you may call your physician or take this paper to the physician's office for them to verify your child's immunizations.

***All immunizations must be current and  
Family Christian Academy must have a verified copy of all immunizations  
prior to starting school.***





**Family Christian Academy**  
**11625 E. 15<sup>th</sup> St. S., Independence, MO 64052**  
**Phone: (816) 836-1075 / Fax: (816) 833-7745**

**STUDENT RECORDS REQUEST**

Student:

Date of Birth:

Conditional Enrollment Date:

School where records are located:

Address:

City:

St / Zip:

The above student is not officially enrolled in Family Christian Academy until a review of their academic, behavior, discipline, attendance and health records are complete.

Please mail the following information to our Administrative Office:

- Cumulative Records – grades, standardized test scores, and attendance records
- Health Data – including immunization records
- Behavior Records – including all discipline records
- Special Needs Information – IEP, etc.

**PLEASE SEND RECORDS TO:**

Please Fax records to: **816-833-7745**                      &                      Send Original Records to: **Family Christian Academy**  
**11625 E. 15<sup>th</sup> St. S.**  
**Independence, MO 64052**

**Parent/Guardian authorization to release:**

I hereby authorize the above-named school to release to Family Christian Academy the requested information, which is for academic assessment and will be used in a confidential manner.

|                                  |                                |             |
|----------------------------------|--------------------------------|-------------|
|                                  |                                |             |
| <b>Parent/Guardian Signature</b> | <b>Relationship to Student</b> | <b>Date</b> |

Family Christian Academy  
**CONFIDENTIAL PERSONAL REFERENCE**

**If you do not attend church, please have this completed by a personal reference (Grades 5-12<sup>th</sup> only). Thank you.**

The student named below has applied for admission to **Family Christian Academy**. Please evaluate the applicant in the areas where you have knowledge of this person. The information you provide will be treated in the strictest of confidence. **(Please complete and return this form as soon as possible to Family Christian Academy. If you have questions please call Rita Schowengerdt at 816-836-1075.**

**Applicant's Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Key:**    1 – *Excellent*    2 – *Good*    3 – *Average*    4 – *Poor*

**Character Traits** (Circle one)

|                                    |   |   |   |   |
|------------------------------------|---|---|---|---|
| Responds well to authority         | 1 | 2 | 3 | 4 |
| Exerts a positive influence        | 1 | 2 | 3 | 4 |
| Compatibility with peers           | 1 | 2 | 3 | 4 |
| Manners and appearance             | 1 | 2 | 3 | 4 |
| Social and emotional maturity      | 1 | 2 | 3 | 4 |
| Integrity and honesty              | 1 | 2 | 3 | 4 |
| Self-respect                       | 1 | 2 | 3 | 4 |
| Reaction to criticism              | 1 | 2 | 3 | 4 |
| Respect for others                 | 1 | 2 | 3 | 4 |
| Eagerness to assume responsibility | 1 | 2 | 3 | 4 |
| Leadership ability                 | 1 | 2 | 3 | 4 |

To your knowledge, has the applicant ever used:

tobacco \_\_\_\_\_ alcohol \_\_\_\_\_ illegal drugs \_\_\_\_\_ pornography \_\_\_\_\_? If yes, please explain

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Describe any characteristics that may hinder the applicant's success at Family Christian Academy.

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How would you describe the applicant's personal relationship to Jesus Christ and his/her involvement in church activities?

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Your Name (please print) \_\_\_\_\_

Your Signature: \_\_\_\_\_

Telephone Number: (    ) \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

**PLEASE SUBMIT WITHIN 5 DAYS. THANK YOU.** \* Please mail this form to:

|  |
|--|
| <b>Family Christian Academy</b><br>11625 E. 15 <sup>th</sup> St. S.<br>Independence, MO 64052<br>Phone: 816-836-1075 |
|--|

Family Christian Academy  
**CONFIDENTIAL PASTOR REFERENCE**

**If you attend church, please have this completed by your Pastor (Grades 5-12 only). Thank you.**

The student named below has applied for admission to **Family Christian Academy**. Please evaluate the applicant in the areas where you have knowledge of this person. The information you provide will be treated in the strictest of confidence. **(Please complete and return this form as soon as possible to Family Christian Academy. If you have questions please call Rita Schowengerdt at 816-836-1075.**

**Applicant's Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Key:**    *1 – Excellent*    *2 – Good*    *3 – Average*    *4 – Poor*

**Character Traits** (Circle one)

|                                    |   |   |   |   |
|------------------------------------|---|---|---|---|
| Responds well to authority         | 1 | 2 | 3 | 4 |
| Exerts a positive influence        | 1 | 2 | 3 | 4 |
| Compatibility with peers           | 1 | 2 | 3 | 4 |
| Manners and appearance             | 1 | 2 | 3 | 4 |
| Social and emotional maturity      | 1 | 2 | 3 | 4 |
| Integrity and honesty              | 1 | 2 | 3 | 4 |
| Self-respect                       | 1 | 2 | 3 | 4 |
| Reaction to criticism              | 1 | 2 | 3 | 4 |
| Respect for others                 | 1 | 2 | 3 | 4 |
| Eagerness to assume responsibility | 1 | 2 | 3 | 4 |
| Leadership ability                 | 1 | 2 | 3 | 4 |

To your knowledge, has the applicant ever used:

tobacco \_\_\_\_\_ alcohol \_\_\_\_\_ illegal drugs \_\_\_\_\_ pornography \_\_\_\_\_? If yes, please explain

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Describe any characteristics that may hinder the applicant's success at Family Christian Academy.

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How would you describe the applicant's personal relationship to Jesus Christ and his/her involvement in church activities?

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Church Name \_\_\_\_\_ Church Address \_\_\_\_\_ Phone \_\_\_\_\_

Currently Members? Yes No    Years Attended \_\_\_\_\_    Attendance: \_\_\_ Regularly \_\_\_ Infrequently

Your Name (please print) \_\_\_\_\_

Your Signature: \_\_\_\_\_

**PLEASE SUBMIT WITHIN 5 DAYS. THANK YOU.** \* Please mail this form to:

FCA 0719

|  |
|--|
| <b>Family Christian Academy</b><br>11625 E. 15 <sup>th</sup> St. S.<br>Independence, MO 64052<br>Phone: 816-836-1075 |
|--|