

**RE-ENROLLMENT FOR THE 2020-21 SCHOOL YEAR**

Student’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade level for the 2020-21 school year: \_\_\_\_\_\_\_\_

Parent’s name completing this form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_My child will be returning to First Christian Academy for the 2020-21 School year.

\_\_\_\_\_My child will not be returning for the 2020-21 School Year. Reason for not returning: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If your child is returning, please initial the checklist items below and return the completed packet to the school office upstairs. Enrollment begins January 7th. **Current families have the month of January to re-enroll before open spots are released to new families wishing to join the FCA Family on February 1st.**

\_\_\_\_\_I have read and signed the attached **Parent/Student Agreement**.

\_\_\_\_\_I have viewed my child’s **Student Information Sheet** and noted in ink on it any   
 changes to your families’ information.

\_\_\_\_\_I wish to keep the same **FACTS** payment plan set up for the 2020-21 school year  
 as I had for the 2019-20 school year. ***or***

\_\_\_\_\_I would like to make the following changes to my FACTS payment plan: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_I understand that each family is requested to volunteer 10 hours of service time  
 during the school year.

\_\_\_\_\_I have filled out the **Emergency Medical Release Form** in this packet. This form  
 must be notarized. We have two notaries on campus (Mrs. Fenech and Mrs.  
 Wright) who can witness your signature.

\_\_\_\_\_I have attached the Enrollment fee for this child. ($175 if paid in January, $200 if  
 paid in February, $250 if paid in March, $300 if paid in April or later)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Parent’s signature**

**Parent /Student Agreement**

2020-2021 School Year

* I have read and agree to adhere to the policies and procedures in the FCA Parent/Student Handbook.
* I understand that my child will be taught Bible truths consistent with the school’s Statement of Faith outlined in the Parent/Student Handbook and posted on the school website.
* I give permission for my child to be transported in case of emergency to our offsite emergency evacuation location at Calvary Chapel Worship Center (6825 Trouble Creek Road, New Port Richey, FL 34653).
* I agree to make scheduled tuition payments on time and understand that I am responsible for the full tuition bill and fees minus any discounts or scholarships. Late fees will be assessed by FACTS for returns due to insufficient funds or nonpayment. If my family is more than 60 days behind on the tuition payments, I understand that my child cannot attend school until the overdue tuition has been paid.
* I agree to support my child’s academic studies by signing papers and agenda books, encouraging good study habits, and ensuring the completion of homework assignments and projects.
* I understand that the enrollment fee is non-refundable.
* I agree to have a positive partnership with my child’s teacher and request a conference to discuss any concerns or questions. If my concerns are not resolved after a reasonable amount of time, I agree to politely request and attend a meeting with the Principal and the teacher to discuss and resolve the issues.
* I agree to purchase uniform items for my child and ensure that he/she abides by the dress code.
* I understand that the school is not responsible for lost or damaged personal property.
* I give permission for my child to be photographed and for the photo to be used in publications and published on the closed group, FCA Families, on Facebook. If consent is not given, I agree to register my wishes by meeting with the School Principal.

**This agreement must be signed by all parents with custodial rights for this student.**

**Student’s name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade level\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of the Father (or legal guardian)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of the Mother (or legal guardian)**