

# Friendship Christian Academy

6522 N. 43<sup>rd</sup> Street Tampa, Florida 33610 \* (813) 932-8767

Enrollment Application Parent Signature \_\_\_\_\_

Date Applying \_\_\_\_\_ Interview Date/Time \_\_\_\_\_ Start Date \_\_\_\_\_

Student's Name \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Last                      First                      Middle

Address \_\_\_\_\_ Phone \_\_\_\_\_

City                      Zip Code

SS# \_\_\_\_\_ Birthplace/Citizenship \_\_\_\_\_ Sex:    M\_\_    F Race \_\_\_\_\_

Grade Applying, \_\_\_\_\_ Last Grade Completed \_\_\_\_\_ School Last Attended \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

SS# \_\_\_\_\_ SS# \_\_\_\_\_

Employer \_\_\_\_\_ Employer \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell No. \_\_\_\_\_ Cell No. \_\_\_\_\_

Marital Status \_\_\_\_\_ Marital Status \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

Child lives with: \_\_\_\_\_ Both Parents \_\_\_\_\_ Father \_\_\_\_\_ Mother \_\_\_\_\_ Other \_\_\_\_\_

Persons Permitted to remove your child from School premises

Mother: Yes \_\_\_\_\_ No \_\_\_\_\_ Father Yes \_\_\_\_\_ No \_\_\_\_\_

Others: \_\_\_\_\_

Circle grades previously attended in our school: K5 1 2 3 4 5 6 7 8 9 10 11 12 None

Has your child repeated any grade? \_\_\_\_\_ If yes, which grade? \_\_\_\_\_

Has your child ever been dismissed, suspended, or expelled from another school? \_\_\_\_\_

If yes, please explain \_\_\_\_\_

\_\_\_\_\_

# EMERGENCY TREATMENT RELEASE FORM

(Fill out one per student, annually)

To Whom it May Concern;

As a parent and/or guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor of the following minor, in the event of a medical emergency which in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort, if delayed. This authority is granted only after a reasonable effort has been made to reach me. Necessary first aid may be given at school.

Name of Minor \_\_\_\_\_ Grade \_\_\_\_\_

Relationship: Son \_\_\_ Daughter \_\_\_ Other: \_\_\_\_\_

This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Mother      Father      Legal Guardian (Circle one)

Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell#(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**PLEASE NOTIFY THE OFFICE IMMEDIATELY ANY CHANGES TO INFORMATION**

## MEDICAL HISTORY

### Chronic/Recurring Illnesses:

\_\_\_ Ear Infection      \_\_\_ Heart Disease  
\_\_\_ Insect Bites      \_\_\_ Convulsions  
\_\_\_ Poison Ivy      \_\_\_ Poison Oak  
\_\_\_ Asthma      \_\_\_ Food \_\_\_\_\_

### Allergies:

\_\_\_ Hay Fever  
\_\_\_ Epilepsy  
\_\_\_ Diabetes  
\_\_\_ Other \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Hospital Preference \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### Other local contact in case of emergency and parents cannot be reached: List two please

Name \_\_\_\_\_ Name \_\_\_\_\_

Relationship \_\_\_\_\_ Relationship \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### **\*\*Please note\*\* The school cannot administer any medication to your child without the following:**

1. Medication must be your own
2. Medication must be in the original container with child's name (and prescription, if prescribed) clearly visible in permanent ink.
3. Prescription medication or over the counter medication can not be administered without written permission from the parent/guardian.

# FRIENDSHIP CHRISTIAN ACADEMY

6522 N 43<sup>rd</sup> Street Tampa, FL 33610

## Student Records Request

School \_\_\_\_\_

Student's Name \_\_\_\_\_

- A. All subjects and grades for the current school year plus withdrawal grades, final grades for previous school years, along with an explanation of your grading system,
- B. Standardized test records and scores.
- C. Immunization and Health records.
- D. Psychological/ Physiological reports.
- E. Any other data pertinent to understanding the student's individual needs.

Your cooperation is greatly appreciated.

Sincerely,

\_\_\_\_\_

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

# Friendship Christian Academy

## Student Image Release Form

We hereby give consent to authorize the use and reproduction by FCA, Inc. ("Friendship Christian Academy, Inc"), without prior review of the final product or additional consideration, of photographs, films, videotapes, and other facsimiles ("Images") of the student taken during academic and extracurricular activities, in FCA'S brochures, newspapers, magazines, slide presentations, films, videotapes, and other publications concerning and or promoting FCA. This is a binding form even if student is no longer at FCA.

I understand that this form does not apply, and FCA has no ability to restrict the use of Images, where an Image is obtained at an event open to the public and the Image is placed on a medium that is not sponsored by Baker School (for example a photograph taken by a journalist and published in the local newspaper).

Student \_\_\_\_\_  
Teacher \_\_\_\_\_

\_\_\_\_\_ YES: I consent

\_\_\_\_\_ NO: I DO NOT consent

\_\_\_\_\_  
DATE SIGNATURE OF PARENT/GUARDIAN

**Please return all forms into the school office.**

## Spirit/PE Shirt Order Form

Name \_\_\_\_\_

Circle Size

PE Shirt- \$20 Youth Size S M L Adult S M L XL

Spirit Shirt \$20- Youth Size S M L Adult S M L XL

Cash Only Please!

## Spirit/PE Shirt Order Form

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