



FLOYD
CHRISTIAN SCHOOL

**APPLICATION FOR STUDENT
ADMISSION
2025-26**

**3652 Price Road
Eden, North Carolina 27288
(336) 623-5854 (336) 394-6227
floydchristianschool@gmail.com**

NOTE: This application does not assure final enrollment but provides information upon which a decision is based. Once the application is accepted, a non-refundable registration fee must be paid in the school office and arrangements will be made for tuition payment.

DATE OF APPLICATION ____/____/____ **Contact Email:** _____

STUDENT NAME _____
Last First Middle

APPLYING FOR GRADE _____ STUDENT BIRTH DATE ____/____/____

PARENT/GUARDIAN #1

NAME _____
Last First Middle

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

MAILING ADDRESS *if different* _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____

WORK PHONE _____ EXT. _____

CELL PHONE _____

HIGHEST EDUCATION COMPLETED _____

PARENT/GUARDIAN #2

NAME _____
Last First Middle

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

MAILING ADDRESS *if different* _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____

WORK PHONE _____ EXT. _____

CELL PHONE _____

HIGHEST EDUCATION COMPLETED _____

BILLING INFORMATION FOR RESPONSIBLE PARTY (if different from above)

NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

EDUCATIONAL INFORMATION

Please list all schools the student has attended including kindergarten.

MOST RECENT SCHOOL _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

SCHOOLS ATTENDED PREVIOUSLY

_____ GRADE _____

_____ GRADE _____

PLEASE CHECK HERE IF YOUR CHILD WAS HOMESCHOOLED PREVIOUSLY

HAS THE STUDENT EVER REPEATED A GRADE? *(Circle one)* YES NO

DAYS ABSENT LAST SCHOOL YEAR _____ REASON IF OVER 5 _____

PRIOR ACADEMIC PERFORMANCE *(circle one)* Superior Average Below Average Failing

HAS APPLICANT HAD ANY SERIOUS DISCIPLINE PROBLEMS? _____ *(if YES, explain below)*

SIBLING INFORMATION

NAME _____ AGE _____ GRADE _____ SCHOOL _____

NAME _____ AGE _____ GRADE _____ SCHOOL _____

NAME _____ AGE _____ GRADE _____ SCHOOL _____

NAME _____ AGE _____ GRADE _____ SCHOOL _____

CUSTODY INFORMATION

IF PARENTS ARE SEPARATED OR DIVORCED, WHO HAS LEGAL CUSTODY?

In the event of sole primary custody, the school requires copies of the custodial legal documents to be provided to the admissions office at the time of application. If during the time of enrollment legal custody arrangements change, I understand I must provide FCS with current legal documents supporting this change.

MEDICAL INFORMATION

IS THE STUDENT ALLERGIC TO ANY MEDICATION? (Circle) YES NO *If yes, please list medication:*

DOES THE STUDENT HAVE ANY FOOD ALLERGIES? (Circle) YES NO *If yes, please list:*

(Medical paperwork with allergy plan must be attached to application)

DOES THE STUDENT HAVE ANY BEE OR INSECT ALLERGIES? (Circle) YES NO *If yes, please list:*

(Medical paperwork with allergy plan must be attached to application)

PLEASE LIST ANY MEDICATION THE STUDENT IS CURRENTLY TAKING:

PLEASE LIST ANY MEDICAL CONDITIONS OR CONCERNS STAFF SHOULD BE AWARE OF:

EMERGENCY CONTACT INFORMATION

Parents will always be the first call.

NAME _____ RELATIONSHIP _____ PHONE _____

NAME _____ RELATIONSHIP _____ PHONE _____

NAME _____ RELATIONSHIP _____ PHONE _____

MEDICAL CONTACTS

PHYSICIAN _____ PHONE _____

DENTIST _____ PHONE _____

HOSPITAL PREFERENCE _____ PHONE _____

INSURANCE _____ POLICY NUMBER _____

CHURCH INFORMATION

WHAT CHURCH DO YOU ATTEND? _____

PASTOR REFERENCE _____

Name

Telephone

HOW WOULD YOU DESCRIBE YOUR CHURCH ATTENDANCE? *(Please check one)*

Active in church

Attend occasionally

Attend a few times a year

DOES YOUR FAMILY ATTEND CHURCH TOGETHER? *(Circle)* YES. NO

IS THE APPLICANT STUDENT A BORN AGAIN BELIEVER? *(Circle)* YES. NO

If yes, please provide a brief salvation testimony:

BRIEFLY EXPLAIN WHY YOU WANT A CHRISTIAN EDUCATION FOR YOUR CHILD:

WHY DID YOU CHOOSE FCS?

DAY CARE SERVICES

WILL YOU NEED BEFORE OR AFTER SCHOOL DAY CARE SERVICES? *(Check all that apply)*

- Before School After School

TUITION AGREEMENT

I WILL PAY MY CHILD'S TUITION AS INDICATED BELOW:

- _____ ANNUALLY Full payment (tuition and fees) by August 1st.

- _____ BI-ANNUALLY Payment for the first half of the total amount (tuition and fees) due by August 1st. Remaining balance due by January 1st.

- _____ MONTHLY Tuition and fee payments will be 10 equal monthly payments from August-May. The first monthly payment must be paid before a student may begin school. Remaining payments will be due on the 1st of each month following.

PAYMENTS MUST BE MADE BY THE DUE DATE OR THE STUDENT WILL BE WITHDRAWN FROM THE SCHOOL!

ADDITIONAL COMMENTS

PARENT COMMENTS CONCERNING THE APPLICANT OR SPECIAL CIRCUMSTANCES CONCERNING THE APPLICANT'S FAMILY THAT WOULD BE BENEFICIAL/HELPFUL:

TERMS & CONDITIONS

IN CONSIDERATION OF FLOYD CHRISTIAN SCHOOL ACCEPTING MY CHILD AS A STUDENT, WE AGREE TO THE FOLLOWING TERMS AND CONDITIONS:

- I herewith, authorize this school to educate my child in accordance with scriptural teachings. I will abide by the school rules concerning disciplinary measures and dress codes, as outlined in the current Floyd Christian School Handbook.
- I hereby pledge to pay financial obligations to Floyd Christian School on the date due of each year my child is enrolled at FCS. I also agree to voluntarily withdraw my child if my account becomes delinquent.
- I understand that the standards of Floyd Christian School do not tolerate profanity, obscenity in word or action, dishonor to the Holy Trinity and the Word of God, disrespect to the personnel of the school, pre-marital sex, or any involvement with controlled substances — particularly drugs or alcohol.
- I understand that the school has the right to accept or not accept a student as it deems advisable.

THIS IS TO CERTIFY THAT I HAVE READ THIS CONTRACT AND DO HEREBY AGREE TO ALL TERMS AND PROVISIONS AS STATED:

SIGNATURE OF PARENT/GUARDIAN #1: _____ DATE ____/____/____

SIGNATURE OF PARENT/GUARDIAN #2: _____ DATE ____/____/____

FOR OFFICE USE ONLY:

_____ ACCEPTED _____ NOT ACCEPTED _____ GRADE

INTERVIEW COMMENTS: _____ DATE ____/____/____
