

Name and complete address of living grandparents: (we would like to invite them to Grandparent's Day)

Name(s) _____
Address _____
City _____ St _____ Zip _____
Phone (____) _____

Name(s) _____
Address _____
City _____ St _____ Zip _____
Phone (____) _____

Name(s) _____
Address _____
City _____ St _____ Zip _____
Phone (____) _____

Name(s) _____
Address _____
City _____ St _____ Zip _____
Phone (____) _____

If there are other children in your family please complete the following:

Name _____ Age _____ School _____
Name _____ Age _____ School _____
Name _____ Age _____ School _____

ACADEMIC INFORMATION

Grades completed: K 1 2 3 4 5 6 7 8 Any grades ever repeated? Y N Which? _____

List previous schools attended _____

Principal's Name _____ Teacher's Name _____ Phone _____

Has student ever been suspended? Y N Expelled? Y N Asked to withdraw? Y N
(If so, please give full particulars on a separate sheet of paper, including principal's name, school address, and phone number of school.)

Please list subjects that the student is functioning below level in:

Has student ever attended summer school? Y N When? _____ Where? _____

Why is the student leaving his/her present school?

Any physical, emotional, or learning problems?

Where did you "hear" about FMCS?
 Newspaper Radio Phone Book Church Website/Internet Other _____

Referred by: _____

SPIRITUAL INFORMATION

√ FMCS works with the home and church to build spiritual values and principles in the lives of our students.
√ We believe children reach their full potential through a personal relationship with Jesus Christ and a life committed to the principles laid down in the Bible.

Family Church _____

Address _____

Pastor _____ Phone _____

Years you've attended there _____ Are parents current members? Y N

Parents' church attendance: weekly frequently infrequently

Student's church/Sunday School attendance: weekly frequently infrequently

According to admissions policies, **AT LEAST ONE PARENT OR STUDENT MUST HAVE ACCEPTED JESUS CHRIST AS THEIR PERSONAL SAVIOR.** Please indicate how your family meets this criteria:

Father Mother Student Entire family (*mark all which apply*)

Briefly summarize how your family came to the Lord and your spiritual activities now:

FMCS enrolls not only students, but families as well. In case the school should need further information on your family, please list references that the school may contact:

A **pastor** who knows your family well:

Name _____ Day Phone _____

Position/Church _____

A **past teacher** of the student:

Name _____ Phone (home/day) _____

Position/School _____

A **family member or friend** who knows the student well:

Name _____ Phone (home/day) _____

Relationship _____

□ PARENTS' (or legal guardian's) STATEMENT □

In making application for my child to attend Fort Myers Christian School,

I agree to abide by the spiritual, academic, disciplinary, dress, and all other standards of the school as outlined in the Parent/Student Handbook.

If my student is accepted and enrolled at Fort Myers Christian School,

1. I agree to assume the responsibility for my student's education by supervising homework and keeping in regular contact with my student's teachers.
2. I agree to allow my student to go on scheduled field trips and other school activities with the proper notification.
3. I agree to support the school's entire program and leadership through prayer, time and financial gifts.
NOTE: The school depends upon gifts above and beyond the tuition.
4. I agree to support the administration in the academic and discipline program of the school. When there is a concern about the classroom, I understand that I should talk with the teacher first and then discuss the matter with the administration, if necessary.
5. I understand that this application cannot be considered without the Registration Fee and that, if my student is accepted, I agree to the payment and refund policies listed in the school's fee schedule.
6. I understand that I must keep my account balance current.
7. I understand that if I voluntarily withdraw my student or my student is dismissed from the school, during a given month I will be charged for the full month. A withdraw fee will be charged for each student being withdrawn after enrollment and acceptance into our school. I understand that records cannot be forwarded to another school until all financial obligations have been satisfied.
8. I will make every effort to attend meetings and parent functions of the school regularly.

FMCS reserves the right to refuse any application, or dismiss any student, at any time, for unacceptable work or conduct (in school or off campus as outlined in the Handbook), or any other reason it deems necessary. Neither this application nor payment of fees is considered to be binding upon Fort Myers Christian School.

Father/Guardian Signature

Date

Mother/Guardian Signature

Date

Fort Myers Christian School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students of the school. It does not discriminate on the basis of race, color, national or ethnic origin in the administration of its educational policies, admission policies, scholarships, loan programs, athletics, and other school administered programs.

Fort Myers Christian School

2012-2013 PARENT QUESTIONNAIRE

Parents: Please fill out this form completely. Only one per family is necessary.

Parent(s) Names: _____

What are your long term goals for your child(ren)'s education?

What role do you play in your child(ren)'s education?

People put their children into Christian school for various reasons. What are your reasons for enrolling your child(ren) in Fort Myers Christian School?

Please define what it means to be a "Christian".

There are many ways to be a part of FMCS such as our sport's program, helping in the classroom or office, and volunteering with special events. Where do you feel you would best support the school with your "donation" of volunteer time?

Father's Signature / Date

Mother's Signature / Date

Fort Myers Christian School
2012-2013 STUDENT QUESTIONNAIRE
For all students going into grades 6-8:

Student's Name: _____ Grade entering _____

This questionnaire is to be completed in its entirety by the student.

1. Why do you want to attend FMCS? _____

2. Do you know any students who currently attend FMCS? What are their names? _____

3. When and where did you accept Jesus as your personal Savior? _____

4. Where do you attend church? Are you active in your church youth group? _____

5. Are most of your friends Christians? Do they attend church and youth group? _____

6. Name a favorite book that you have read lately or TV programs that you like to watch. What do you like to do in your spare time?

7. Do you participate in?
Sports? _____ What? _____ Music? _____ What? _____
Art? _____ What? _____ Drama? _____ What? _____
Hobbies? _____ What? _____

8. At your previous school, how many hours of homework would you average per night? _____

9. What is your favorite subject? _____ 4. What is your least favorite subject? _____

10. What discipline problems have you had in school? _____

2012-2013 EMERGENCY CARE MEDICAL FORM

Student's Full Legal Name: _____

Last _____ First _____ Middle _____ Social Security Number _____
Date of Birth _____ / _____ / _____

Father: Natural/Step/Foster (please circle one) Home Phone _____

Name _____ Place of Employment, Occupation _____ Phone at Work _____ Mobile _____
Mother: Natural/Step/Foster (please circle one)

Name _____ Place of Employment, Occupation _____ Phone at Work _____ Mobile _____
GUARDIAN: (if different from above)

Name _____ Place of Employment, Occupation _____ Phone at Work _____ Mobile _____
Family Physician _____ Phone _____
Family Dentist _____ Phone _____
Preferred hospital _____

Please check if student has any of the following:

Diabetes _____ Asthma _____ Kidney Disease _____ Heart Disease _____ Seizures (convulsions) _____

Wears Glasses _____ Vision problem other than glasses _____ Hearing Aid _____

Ear problems _____ Allergies _____

Any other conditions requiring special observation _____

Current medications: (include name, amount, and frequency) _____

Insurance company covering child _____ Policy Number _____

In case of an accident or illness where immediate treatment is not needed, but where my child is unable to remain at school, I request the school to contact me. If I cannot be reached, I request that one of the persons listed below be contacted to care for my child until I can be reached.
Persons who will care for student in case parent cannot be reached: **MUST BE FILLED OUT** (please print)

Name: _____ Relationship _____ Phone: (home) _____ (Work) _____

Name: _____ Relationship _____ Phone: (home) _____ (Work) _____

Parent's Statement:

I accept responsibility for notifying the school of any changes of home or business address and phone numbers. In the event of serious illness or accident and I cannot be immediately contacted, I give my permission to have my child moved by ambulance or other conveyance to a doctor's office or hospital for immediate attention. I also assume responsibility for payments of same. If, in the opinion of a properly licensed and practicing physician, my child needs medical or surgical services which require my consent before being supplied, and I cannot be reached, I hereby authorize, appoint, and empower the Principal or his designee, to furnish on my behalf such written or oral authorization as may be so required. Further, I release the Principal, his designee, FMCS, and First Assembly of God from any liability which might arise from the giving of such authorization. It is my desire that my child be furnished with medical or surgical services as soon as reasonably possible after the need arises.

TO BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC ONLY

Signature of Parent/Guardian _____ D.L. # _____ Date _____

STATE OF _____ COUNTY OF _____

On the _____ day of _____, 20 ____, before me came _____,

known to me and/or produced valid identification as documented above and who executed the foregoing instrument and acknowledged that he executed the same in my presence.

Notary Public

(over)

2012 - 2013 SCHOOL YEAR

FIELD TRIP EMERGENCY MEDICAL FORM
FORT MYERS CHRISTIAN SCHOOL, 1550 COLONIAL BLVD., FT. MYERS, FL.,
(239) 939-4642

This form will be on file at the school office for the current school year. An additional Permission to Participate form will be sent home prior to each off-campus trip.

I give my permission for _____, grade _____, to participate in all sports and school-sponsored trips away from the school premises throughout the current school year. Students will be accompanied by a teacher and will be under adequate supervision. I understand that I will be given at least 48 hours notice of all trips away from the school premises. I further understand that I may revoke permission for a specific field trip by written notice hand delivered to the principal more than one day prior to the trip.

Although the school desires to provide a safe and enjoyable time for all students, accidents can still happen. I/we understand that there are risks/dangers involved with participation in off-campus trips and their associated activities. In consideration of my child being allowed to participate in this event, I/we assume responsibility for those ordinary and reasonable risks associated with the travel and activities. I/we agree to hold harmless Fort Myers Christian School, its affiliated organizations, employees, agents, and representatives, including volunteer and other drivers, from any and all claims arising from my child's participation. This release agreement does not apply to claims of intentional (criminal) misconduct or gross negligence by the school, its employees, or volunteers. If such circumstances are proved in a court of law, I/we acknowledge and agree that the school can assume no financial liability beyond its actual liability insurance policy in force.

In case of accident, illness, or other emergency, I/we request that the school contact me. If the school cannot reach a parent/guardian after conscientious effort, I/we give permission for school staff to call paramedics or any licensed physician or dentist. If a life-threatening emergency exists, I/we give permission for school staff to immediately call paramedics and then contact me/us as soon as possible thereafter.

I/we authorize and consent to any X-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which, in the best judgment of a licensed physician or dentist, is deemed advisable. I/we agree to assume the financial responsibility for expenses incurred as a result of those services being provided. I/we also agree to be financially responsible for emergency medical transportation.

****To be signed in the presence of a notary public****

Signature of Parent/Guardian _____ D.L. # _____

STATE OF _____ COUNTY OF _____

On the _____ day of _____, 20 _____, before me came

_____, known to me and/or produced valid identification as documented above and who executed the foregoing instrument and acknowledged that he executed the same in my presence.

Notary Public

CONSENT FOR INTERNET USE AND MEDIA PERMISSION

With Internet access available to the students and teachers at Fort Myers Christian School, we have access to the vast, unique and diverse resources that can be found online. Our goal in providing this service to teachers and students is to promote educational excellence in our school. Your son or daughter may have the opportunity to access and use the Internet as part of their schoolwork in the classroom or the computer lab.

The Internet is a worldwide telecommunications network. Students will find libraries, government agencies, universities, discussion groups, research sites, software, and technical information. With access to computers and Internet sites all over the world also comes the potential availability of materials that some people may find objectionable. Fort Myers Christian School has taken precautions to ensure that students access only information that is consistent with the goals of our instructional program, and restrict access to controversial materials.

ACCEPTED USE POLICY

The use of the Internet is a privilege, not a right, and inappropriate use will result in the cancellation of those privileges. The student is expected to exercise responsible behavior when on the Internet:

Students will be polite, and use appropriate language when communicating with others on the Internet.

Using the Internet for non-school related activities is unacceptable.

Students will respect copyright laws.

Students will respect the computer equipment at all times.

Students will respect the privacy of others, and will not reveal their name, personal address or phone number, or that of other students. Nor will they post their picture or that of another student online.

Students will not attempt to override security measures and enter controversial sites or chat rooms.

MEDIA CONSENT

I hereby authorize and give full consent to Fort Myers Christian School to publish and copyright all information, including photographs, which my child posts to his/her website while enrolled as a student in any and all programs at Fort Myers Christian School. I further agree that Fort Myers Christian School may transfer, use or cause to be used, these photographs in school brochures, newsletters, advertising, posters, displays, slide shows, videotapes, catalogs, CD-ROMS, and like publications, literature or materials without limitations or reservations.

Additionally, I agree that use of photography or photographs does not constitute in any manner a waiver of Fort Myers Christian policies, Program, or rules, nor does continued use constitute an agreement to continue the child's enrollment. I hereby approve the foregoing and consent to the use of photographs subject to the terms mentioned above. I affirm that I have the legal right to issue such consent.

PLEASE READ CAREFULLY, CHECK THE BOXES AND SIGN BELOW:

- Accepted Use:** I have read the Accepted Use Policy as established at Fort Myers Christian School, and understand its contents. Any questions about Internet activities will be answered by the teacher. My signature below, and that of my parent(s) and/or guardian(s) indicates that I agree to follow the guidelines of using the Internet as stated in this document.
- Media Consent:** I hereby approve the foregoing and *consent to the use of photographs* subject to the terms mentioned above. I affirm that I have the legal right to issue such consent.

Name of Student _____ Signature of Student _____

Name of Parent/Guardian _____

Signature of Parent/Guardian _____ Date _____

To all of our volunteers (both parents and others):
We greatly appreciate each volunteer and parent who helps us in so many different areas of the school. Increasingly, with the times that we live in, we have to continue to be vigilant and take precautions to maintain the safety of your children. It is for these reasons that we now require that all volunteers who will be chaperoning, driving, or supervising FMCS children in FMCS sponsored activities fill out this background check authorization form so that we can do our best to make sure that we have proper supervision for the children of FMCS. Thank-you for your understanding.

Mel Mitchell
Principal

REQUEST FOR RECORDS CHECK AND AUTHORIZATION

I hereby request the _____ Police Department to release any information which pertains to any record of convictions contained in its files. I hereby release said Police Department from any and all liability resulting from such disclosure.

Signature

Print Full Name (first, middle, last)

Date of Birth

Driver's License Number

Today's Date

Record Check Received From:

Name: _____

Address: _____

Date: _____

Results: _____ All Clear _____ Problem

Comments:

Verified by: _____

To all of our volunteers (both parents and others):
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Print Full Name (first, middle, last)

Date of Birth

Driver's License Number

Today's Date

Record Check Received From:

Name: _____

Address: _____

Date: _____

Results: _____ All Clear _____ Problem

Comments:

Verified by: _____



Is my child ready for the PK Program at Fort Myers Christian School?

Fort Myers Christian School's pre-school program is designed to prepare our children by building a foundation for academic success and a growing knowledge of God.

So that the school and our families are on the "same page" with expectations regarding our PK program at FMCS, **please place a check in each box** to let us know that you have read the information and you understand what is required of you and your child at FMCS for the upcoming school year:

- My child has turned **3 years (PK3) or 4 years (PK4)** of age by **September 1st of the school year for which I am enrolling.**
- My child is *potty-trained (mandatory)*, and **independently-able** to use the bathroom without assistance.
- My child is curious, eager to learn about God's world, and ready to be part of a **structured and socially-engaging environment!**
- My child is ready to **accept guidance, take direction, and establish a consistent routine!**
- I understand that **Biblical Christian values** integrated with a **great developmental program** is very important!
- I understand that FMCS believes that the three most important influences on our children are the **church, home and school** and that they should all work together as a "team" to provide the best for our kids!
- I understand that **consistent discipline** between the school and the home is best for a child's social and emotional development!
- I understand that arriving **on time** for school, even preschool, sets the stage for my child to build their educational experience upon, as many important concepts are introduced in the morning and reinforced through the day!
- It is my desire to see my child grow up in a **loving atmosphere**, taught **Christian principles** integrated with a **quality academic program and would consider grades PK3 thru eighth grade!**

Student's name (Please print) _____

Parent's Signature _____

Date _____