

NON-DISCRIMINATORY POLICY

In accordance with Title VI of the Civil Rights Act of 1964, it is the policy of First Presbyterian *Academy* to admit students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students in the Preschool, Elementary, and Middle School program. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its policies, admissions policies, class assignments, scholarship programs, and other school-administered programs. All persons or organizations having occasion to either refer children for admission or to recommend First Presbyterian *Academy* are advised to do so without regard to their race, color, national and ethnic origin.



200 West Washington Street
Greenville, SC 29601
864.235.0122
FirstPresbyterianAcademy.org



This application does not ensure final enrollment, but provides information upon which a decision will be based. Non-refundable application fee of \$35.00 is required with the application. Upon acceptance, the enrollment fee will be due to secure your child's space in a classroom. The enrollment fee is non-refundable; however, if you move from the area and inform us by letter no later than July 1st, one-half of the fee will be refunded. Please note that immunization records or an official letter of exemption will be required as a part of the student's school records by DSS and DHEC prior to the first day of school.

Applying for admission: 20__-__

Age level and number of days desired (must be the age of the class as of September 1st):

- K2** T, Th 9-2:15 M, W, F 9-12 M, W, F 9-2:15 M-F 9-2:15
- K3** T, Th 9-2:15 M, W, F 9-12 M, W, F 9-2:15 M-F 9-2:15
- K4** M, W, F 9-2:15 M-Th 9-12 M-Th 9-2:15 M-F 9-2:15 8-2:15

STUDENT INFORMATION

Name: Last: _____ First: _____ Middle: _____

Male Female Age: _____ Preferred First Name: _____

Home Address: _____

City: _____ State: _____ ZIP Code: _____

Telephone: _____ Parent's Email: _____

Date of Birth: _____ Place of Birth: _____ Social Security Number: _____

Financially responsible party: _____

Please describe your son or daughter: _____

SCHOOL EXPERIENCE

Is this your child's first school experience? Yes No

List previous schools attended:

1) Name of School: _____ Address: _____

Reason for Leaving: _____

2) Name of School: _____ Address: _____

Reason for Leaving: _____

FOR OFFICE USE ONLY

Child's Name: _____

Date Received: _____ Fee Paid: Yes No

Interview Date: _____ Interview Time: _____

Starting Date: _____ OR Wait List: _____

Director's Initials: _____ Acceptance: Yes No

Grade: _____ Teacher: _____

FAMILY INFORMATION

FATHER:

Title: _____ First Name: _____

Last Name: _____

Home Address: _____

City: _____ State: _____ ZIP Code: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Marital Status:

Married Separated Divorced One Parent Widow/Widower

Does applicant live with you? Yes No

Your Education level: High School College Post-Graduate

Occupation: _____

Place of Employment: _____

Title/Position: _____

Grandparents Names: _____

Grandparents Address: _____

If the student does not live with both parents, the student lives with:

Natural mother only Natural father only Natural mother and stepfather Natural father and stepmother Guardian Adoptive parents

Who has legal custody of the student? _____

(Written documentation is required prior to enrollment.)

Is either parent forbidden by court order from having equal access to the child or the school records? Yes No

(Written documentation is required prior to enrollment.)

Primary language spoken at home _____ Second language: _____

SIBLINGS:

Name: _____ Age: _____ Grade: _____

Present School: _____ Applying to FPA? Yes No

Name: _____ Age: _____ Grade: _____

Present School: _____ Applying to FPA? Yes No

Name: _____ Age: _____ Grade: _____

Present School: _____ Applying to FPA? Yes No

MEDICAL HISTORY (to be completed for all students):

Has your child been evaluated for or diagnosed with (check all that apply)

Allergies Asthma Autism ADHD/ADD Emotional difficulties Speech processing

Learning disabilities Physical disabilities Diabetes Other Does your child have an Individual Educational Plan? (IEP or 504)

Does the student receive medication? Yes No Type of medication: _____

Reason for medication: _____

Family Doctor: _____

Address: _____ Phone: _____

SPIRITUAL LIFE

Church attended: _____

Address: _____

Member? Yes No

What activities of your church are you or members of your family involved in besides Sunday worship? _____

SUPPLEMENTAL INFORMATION

How did you hear of the school? _____

Who, if anyone, referred you? _____

Why are you interested in sending your child to First Presbyterian *Academy* Preschool? _____

What expectations do you have of the education your child will be receiving at First Presbyterian *Academy* Preschool? _____

I promise to pay my financial obligations to First Presbyterian *Academy* on or before the due date or accept the consequences of the delinquent tuition policy. I give consent for my child to take part in all school activities, including sports and school-sponsored trips away from school premises, and absolve the school of liability because of injury to my child during school activities except for the willful, wanton, or reckless misconduct of First Presbyterian *Academy*, its employees, or volunteers. I understand that any false or significant omissions may disqualify my child from admission and may be justification for dismissal from First Presbyterian *Academy* if discovered at a later date.

I have read the terms stated on this application and agree thereto. Signature of parent or guardian: _____

Signature of parent or guardian: _____