

**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](http://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: \_\_\_\_\_