



# the Academy

FIRST PRESBYTERIAN

## PRESCHOOL WAIT LIST APPLICATION

*This application does not ensure final enrollment, but provides information upon which a decision will be based. The non-refundable registration fee of \$35.00 should be submitted with the application. When accepted, additional materials will be needed, including a current physical, SC immunization record, and a certified birth certificate. We may request a copy of child's current school records and any data related to academic performance. Please note that immunization records or an official letter of exemption are required as a part of the student's school records by DSS and DHEC.*

Admission date required: Fall 20 \_\_\_\_\_

Level for which applying:  2K  3K  4K

Number of days desired:  2 days (T, Th) for 2K and 3K only  3 days (M, W, F)  5 days (M-F)

### 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: \_\_\_\_\_

## FAMILY INFORMATION

### FATHER:

Title: \_\_\_\_\_ First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

#### 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: \_\_\_\_\_

\_\_\_\_\_

### MOTHER:

Title: \_\_\_\_\_ First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

#### 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

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## 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 FPA 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 FPA 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 FPA, 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 FPA 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: \_\_\_\_\_

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**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 and Elementary 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.

**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: \_\_\_\_\_



*the Academy*

**FIRST PRESBYTERIAN**

**200 West Washington Street  
Greenville, SC 29601**

**864.235.0122**

**FirstPresbyterianAcademy.org**