



# Application Packet 2021-2022

130-30 31st Ave., Flushing, NY 11354 - (718) 461-4409 - Fax: (718) 461-7368

Start Date : \_\_\_\_/\_\_\_\_/\_\_\_\_ End Date : \_\_\_\_/\_\_\_\_/\_\_\_\_

How did you hear about our school? ( ) Newspaper Ad, ( ) Radio, ( ) Website,  
( ) Queens Family Magazine, ( ) Referral \_\_\_\_\_

## Student Information

Student's Name \_\_\_\_\_  
*First Middle Last*

Home Address \_\_\_\_\_  
*Street*

\_\_\_\_\_  
*City/Town Zip Code*

Home Phone \_\_\_\_\_

Date of Birth (mm/dd/yy) \_\_\_\_\_ sex: M F

Social Security \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Home Language (other than English) \_\_\_\_\_

Ethnicity:

- |   |  |
|---|--|
| <input type="checkbox"/> African-American | <input type="checkbox"/> Hispanic              |
| <input type="checkbox"/> Asian            | <input type="checkbox"/> Hawaiian/Pacific Isl. |
| <input type="checkbox"/> American Indian  | <input type="checkbox"/> Caribbean             |
| <input type="checkbox"/> Biracial         | <input type="checkbox"/> Other                 |

Application for Admission to Grade \_\_\_\_\_

## Emergency Information

Contact 1 \_\_\_\_\_

Relationship \_\_\_\_\_

Phone \_\_\_\_\_ Cell Home Work  
*(Circle One)*

Contact 2 \_\_\_\_\_

Relationship \_\_\_\_\_

Phone \_\_\_\_\_ Cell Home Work  
*(Circle One)*

Contact 3 \_\_\_\_\_

Relationship \_\_\_\_\_

Phone \_\_\_\_\_ Cell Home Work  
*(Circle One)*

Doctor \_\_\_\_\_

Phone \_\_\_\_\_

Dentist \_\_\_\_\_

Phone \_\_\_\_\_

Psychologist \_\_\_\_\_

Phone \_\_\_\_\_

## Parent/Guardian Information

Mother's (or Guardian's) Title: Mrs. Ms. Dr. Rev.

Name \_\_\_\_\_

*First Last*

Address (if different than student's)

Employer \_\_\_\_\_

Position \_\_\_\_\_

Day Time Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Home Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Father's (or Guardian's) Title: Mr. Dr. Rev.

Name \_\_\_\_\_

*First Last*

Address (if different than student's)

Employer \_\_\_\_\_

Position \_\_\_\_\_

Day Time Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Home Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Student resides with \_\_\_\_\_

## Church Information

Does your family regularly attend a local church? \_\_\_

If no, please explain: \_\_\_\_\_

\_\_\_\_\_

Church Name \_\_\_\_\_

Denomination \_\_\_\_\_

Church Address \_\_\_\_\_

Church City, State, Zip \_\_\_\_\_

Pastor \_\_\_\_\_

Church Phone Number \_\_\_\_\_

**Please complete reverse side**



**Parent(s) Please Complete:** (attach a separate sheet if necessary)

Have you personally received Jesus Christ as your Lord and Savior? \_\_\_\_\_

What is your perspective on what it means to be a Christian? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In which school district does your child reside? \_\_\_\_\_

List all of the previous schools your child has attended, beginning with the most recent

<i>Name of School</i>	<i>Address</i>	<i>Phone</i>	<i>Grade</i>	<i>Years Attended</i>
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Has your child ever been in or recommended for Special Education classes? Yes    No

Has your child ever been in or recommended for Behavior Disorder classes? Yes    No

Has your child ever been diagnosed with ADD/ADHD? Yes    No

Has your child ever been diagnosed with dyslexia? Yes    No

Has your child ever repeated a grade? Yes    No

Was your child ever denied admission to a school? Yes    No

Was your child ever suspended or expelled from school? Yes    No

If the answer is yes to any of the above, please explain fully. \_\_\_\_\_

\_\_\_\_\_

Does your child have or has your child had an Individualized Education Plan (IEP) or 504 Plan? \_\_\_\_\_

\*If your child has an IEP, please attach it to this form.\*

Please indicate the academic level of your child's previous work (*Circle One*)

*Excellent*                      *Good*                                      *Average*                                      *Poor*

Please describe your child's greatest needs (academic, behavioral, social, spiritual) and how FGCS can help meet those needs. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please describe your child's strengths and interests and how FGCS can help nurture them. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I (We) certify that all of the information given in this application is accurate. In addition, I (we) give Full Gospel Christian School permission to use photographs of my (our) child for school websites and events.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# Statement of Cooperation 2021-2022

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**FINANCES:** We understand our commitment to pay tuition for the amount agreed upon at the time of acceptance or reenrollment. If tuition payments and fees are not received by the due date each month, a \$25 late charge will be added to the account. Tuition that becomes 60 days past due will result in the student being withheld from attending school until such amounts due to PCA are made current. A fee of \$50 will be charged for each returned check. We understand that there are no refunds or transfer of fees to other children or other school years. In case of withdrawal, families are responsible for tuition payment for the entire month. If you decide to take off a month of school for any reason, you would still be responsible for the monthly payment. All monthly tuition payments are made via electronic funds transfer or mailed invoice to FACTS. We understand that PCA does not send statements or invoices for tuition. Families are responsible for tuition payments regardless of student absence.

**SCHOOL ACTIVITIES:** We give permission for our children to take part in any and all school activities and absolve the school from liability to us or our child because of any injury to us or our child at school or during any school activity. In case of emergency or serious illness, we request the school contact us first. If we are not available, please contact the designated emergency contact. If the emergency contact cannot be reached, the school has my permission to make whatever arrangements deemed necessary for our child(ren)'s treatment. If the emergency is life-threatening and we cannot be reached, the physician has permission to act accordingly absolving the school of any liability.

**DISCIPLINE:** We believe discipline is a necessary aspect of our child(ren)'s education. We give permission for our child(ren)'s teacher and/or administration to make and enforce classroom regulations in a manner consistent with Christian principles and discipline set forth in Scriptures. We understand that we have the responsibility to actively support the authority, philosophy, objectives, policies, procedures, and discipline of the school as established by the Board of Directors. The success of the schools' Code of Christian Conduct depends on the support of each member of the school community. Working together, faculty and staff, parents, and students can promote academic achievement and good character, and ensure the success of students at the school and throughout life.

**PARENTAL COMMITMENT:** We understand our child(ren) is accepted on a general probationary status for the first quarter. We agree that in no case complain to other parents, but will register only necessary complaints with the teacher or administration following the Matthew 18 principle. We pledge our full cooperation to keep doctrinal controversy out of the school. We agree to abide by its established policies. We agree to support the school with our prayers and positive attitude. We understand that if at anytime the school determines, in its sole discretion, that our actions do not support the ministry, or reflect a lack of cooperation and commitment to the home and school working together, the school has the right to request the withdrawal of our child(ren). We understand that PCA reserves the right to dismiss our student for lack of cooperation on the part of the student, parents, and/or guardian. The school has the right to request the withdrawal of students in the event that the parents no longer support the principles and practices of the school.

As the parent of \_\_\_\_\_, I pledge:

- To maintain high expectations for my child and the school
- To demonstrate consistent interest in my child's progress at school
- To support my child's best efforts
- To model the ten character virtues described in the Code of Christian Conduct
- To support and work with school staff to promote my child's learning

I have read the Code of Christian Conduct and support the rules and expectations outlined herein. We have read the Application, Statement of Cooperation, the Tuition Agreement and the Parent Student Handbook and hereby agree to abide by their stated policies.

Parent(s)/Guardian Signature

Date

\_\_\_\_\_

\_\_\_\_\_

Please return your signed contract to your child's teacher or the main office.



# Admissions Policy

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Christian Education involves the growth of the whole person. Therefore, it is imperative that those elements which focus on the child's education be consistent both at home and at school. For this reason, it is necessary that parents are in accord with the philosophy and teaching of the school.

The following policies and standards of admission will provide consistent training and quality education for your child.

1. The Christian school compliments the Christian home. Therefore, we primarily enroll Christian families. An exception may be made if parents agree not to oppose the Biblical teaching of the school.
2. Parents must state in writing that they have read our philosophy and statement of faith, and commit themselves to co-educate their child according to Biblical principles.
3. Parents must agree in writing via the Statement of Cooperation that:
  - a. Parents and students will abide by the disciplinary guidelines of the school.
  - b. The school has full discretion for the grade placement of children.
  - c. They will promptly meet all tuition and other financial obligations.
  - d. They willingly support the school in prayer and in lending practical help as required by the school.
4. Parents must be interviewed by a school representative. Both parents will be interviewed, except under special circumstances.
5. Full Gospel Christian School has three departments:
  - a. Early Childhood- PreK 3, 4 and Kindergarten
  - b. Elementary- 1st through 5th grade
  - c. Middle School- 6th through 8th grade
6. All prospective students in 1st through 8th grade will be given an entrance test to determine grade placement.
7. Prospective Kindergarten students must be five years old by December 31st of the school year.
8. Preference in enrollment will be given to members of FGNYC first, then to others on a first-come, first-serve basis.
9. All families should be attending a Bible-believing church.
10. Upon confirmation by the administration, your child will be enrolled or placed on a waiting list.
11. The administration may refuse to admit a student with severe disciplinary, psychological or learning problems.
12. The school does not discriminate on the basis on race, color, national origin or ethnicity in the administration of its admission policies.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_