



Fort Lauderdale Christian School

6330 NW 31 Ave. Fort Lauderdale, FL 33309 Phone (954) 972-3444

APPLICATION FOR ADMISSION

\$50.00 non-refundable application fee required with application.

Please complete one form per child.

Legal Name of Student _____ Date of Application _____

Preferred Name _____ Applying for Grade _____ Date Beginning _____

Date of Birth ____/____/____ Age _____ Sex _____ Soc. Sec. # _____

Place of Birth _____ (Please include copy of birth certificate)

Home Address (Street) _____ (City) _____

(State) _____ (Zip) _____ (Phone) _____

PARENTAL INFORMATION

The following information should be given for the parents, step-parents, foster parents, and/or custodians with whom the child resides.

Male Parent/Guardian

Female Parent/Guardian

Last Name, First & Middle Initial

Last Name, First & Middle Initial

Relationship to Student

Relationship to Student

Occupation

Occupation

Employer

Employer

Business Phone

Business Phone

If parents are divorced or separated, who has legal custody of the student? _____

Other children living in the home:

Name _____ Age _____ School _____

Name _____ Age _____ School _____

For Office Use Only: Date App. & Fee Rec'd _____ Payment Method _____ (check # _____)
Date Posted _____ Posted by Whom _____

HEALTH

Is there any information about your child's current health, medical, or psychological history that would assist in the guidance of your child at FLCS (e.g., allergies, medications, physical limitations)?

Name of student's physician _____ Phone _____

Address _____

SPIRITUAL

Fort Lauderdale Christian School has its origins in the Presbyterian/Reformed faith. While we do not require that all students or families personally hold to all the specific tenets, do you accept that all instruction will be in the context of that perspective? _____

Are you personally in agreement with and committed to the basic tenets of historic, orthodox Christianity as outlined below? _____

- a. I believe that there is one God, creator of all things, and that this God is known to us in three persons - Father, Son, and Holy Spirit - and that these three are one God, the same in substance and equal in power and glory.
- b. I believe that God has revealed Himself in the Scriptures of the Old and New Testaments, and that these Scriptures are the inspired Word of God, the only infallible rule of faith and practice.
- c. I believe that Jesus Christ is the Son of God, fully God and fully man, and that He was born of the virgin Mary in order to live a perfect life and to give that life as a sacrifice for His people.
- d. I believe that Jesus was crucified for my sins, and that He rose bodily from the grave on the third day; that He ascended to Heaven, and will return on the clouds of glory to judge the world.
- e. I believe that salvation is a gift of God, not to be earned by works of righteousness, but solely by God's grace, and that this gift is received by faith alone.

According to the admissions policy of FLCS, at least one parent must be a professing follower of Jesus Christ and regularly attending the church of his/her choice. Which local Christian church or parish does your family attend?

Church _____ Denomination _____

Address _____

Name of Pastor/Clergyman _____

How frequently do you attend church? Weekly Frequently Infrequently

Are you members of the above church? Yes No

PARENT/GUARDIAN STATEMENT

My signature below indicates that I have read, understand, and agree with this Parent/Guardian Statement.

- I am aware of the philosophies and doctrines of the school and teach the moral values of God’s Word in my home.
- I am expected to attend and participate in the various school activities, especially those involving my child.
- I will support the school’s educational, performing, and athletic programs through prayer, time, and financial gifts.
- I will consistently supervise my child’s homework and conference with teachers whenever necessary for my child’s success in school.
- I give consent for the school administration to take the following steps in the event my child becomes ill or is injured:
 1. Report the injury or illness to parents. Ask for instructions.
 2. If parent is not available, contact child’s physician as listed on the application form and follow his/her instructions.
 3. Contact a properly licensed physician and follow his/her instructions if the child’s physician cannot be reached. Should medical or surgical services be required, I hereby empower the headmaster or designee to provide on my behalf written or oral authorization as may be necessary. I release Fort Lauderdale Christian School, its headmaster or designee, from any liability which might arise from this authorization.
- I give my permission for photographs of my child to appear in promotional materials, videos, and website.
- I will support and cooperate with the school on all matters of policy and procedure. This includes the disciplinary measures and dress code of the school.
- I understand that this application may be refused or my child may be dismissed at any time for poor academic performance or inappropriate behavior or any other reason the administration deems necessary, regardless of this application or payment of fees.
- I affirm that the information filled out on this application is true and complete.

Signature of Father/Guardian

Date

Signature of Mother/Guardian

Date

Fort Lauderdale Christian School admits students of any age, race, color, national origin, disability, or gender to all the rights, privileges, programs and activities made available to students of the school. It does not discriminate on the basis of age, race, color, national origin, disability, or gender in the administration of its educational policies, admissions policies, scholarships, athletics, or any other school-administered programs.