

# FSCA Enrollment Application 2024-2025

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Today's Date: \_\_\_\_\_

\_\_\_\_\_  
Student's Last Name (Jr., III, etc.)    Student's First Name    Student's Middle Name    Grade

\_\_\_\_\_  
Student's Cell Number    Mother's Cell Number    Father's Cell Number    Home Telephone #

Student Lives with:

Both Parents: \_\_\_\_\_ Mother Only: \_\_\_\_\_ Father Only: \_\_\_\_\_ Parent & Step Parent: \_\_\_\_\_

Foster Care: \_\_\_\_\_ Legal Guardian Name/Names: \_\_\_\_\_

Is student: Male: \_\_\_\_\_ Female: \_\_\_\_\_ Student Birthdate: (mm/dd/yyyy) \_\_\_\_\_

Student Birthplace: \_\_\_\_\_

City                      State                      County                      Country

Mother's Name on Birth Certificate: \_\_\_\_\_

Father's Name on Birth Certificate: \_\_\_\_\_

Ethnicity of Student: Hispanic/Latino – Yes or No    Language Spoken at Home: \_\_\_\_\_

Race of student: (Note: Hispanic/Latino is not a race)

White: \_\_\_\_\_ African American/Black: \_\_\_\_\_ American Indian/Native Alaskan: \_\_\_\_\_ Asian: \_\_\_\_\_

Native Hawaiian or Pacific Islander: \_\_\_\_\_

\_\_\_\_\_  
Residential Address – Street Name & #/Apt. #    City    Zip Code

\_\_\_\_\_  
Mailing Address – Street Name & #/Apt. #    City    Zip Code

\_\_\_\_\_  
Student's Last Name (Jr., III, etc.)    Student's First Name    Student's Middle Name    Grade

Transportation – Morning:                      Car \_\_\_\_\_                      School Bus/Van \_\_\_\_\_

Transportation – Afternoon:                      Car \_\_\_\_\_                      School Bus/Van \_\_\_\_\_

Brothers or Sisters in School:

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ School if other than FSCA: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ School if other than FSCA: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ School if other than FSCA: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ School if other than FSCA: \_\_\_\_\_

Yes \_\_\_\_\_ No \_\_\_\_\_ Has the student ever repeated any grades? If so, what grade/s \_\_\_\_\_.

Yes \_\_\_\_\_ No \_\_\_\_\_ Has the student ever been expelled from any school, had an arrest that resulted in a charge, had any other Department of Juvenile Justice actions against him/her, or been referred for mental health services?

Yes \_\_\_\_\_ No \_\_\_\_\_ Has the student been in an exceptional student education (ESE) or any other special education program?

Yes \_\_\_\_\_ No \_\_\_\_\_ Has the student been determined eligible under Section 504 and/or has a Section 504 plan?

Yes \_\_\_\_\_ No \_\_\_\_\_ Has the student been in any ESOL or ELL program or class?

Yes \_\_\_\_\_ No \_\_\_\_\_ Is your family residing in any of the follow situations: Sharing the housing with others, living in a motel due to loss of housing, staying in a shelter, or homeless in any manner?

Previous School Name: \_\_\_\_\_

Previous School Address: \_\_\_\_\_

Mailing Street Address                      City                      State                      Zip Code

Student's Last Name (Jr., III, etc.)

Student's First Name

Student's Middle Name

<b>Contact 1 Must be a Parent or Guardian</b>	<b><u>Contact 1</u> <u>Parent/Guardian</u></b>	<b><u>Contact 2</u></b>	<b><u>Contact 3</u></b>	<b><u>Contact 4</u></b>
<b>Relation to Student:</b> <b>-Circle One-</b>	Parent Step-Parent Guardian Other: _____	Parent Step-Parent Guardian Other: _____	Parent Step-Parent Guardian Other: _____	Parent Step-Parent Guardian Other: _____
<b>First Name:</b>				
<b>Last Name:</b>				
<b>Cell Phone:</b>				
<b>Home Phone:</b>				
<b>Work Phone:</b>				
<b>Email:</b>				
<b>Notify if Sick/Injured*</b>	Y or N	Y or N	Y or N	Y or N
<b>Receives Automated Emergency Calls*</b>	Yes Only	Yes Only	Y or N	Y or N
<b>Notify if Absent -Circle One-</b>	Cell / Home / Work	Cell / Home / Work	Cell / Home / Work	Cell / Home / Work
<b>Pick Up Allowed*</b>	Y or N	Y or N	Y or N	Y or N
<b>Records Access Allowed*</b>	Y or N	Y or N	Y or N	Y or N
<b>Lives With</b>	Y or N	Y or N	Y or N	Y or N
<b>Personal Contact Allowed at School*</b>	Y or N	Y or N	Y or N	Y or N

*\*Each parent has the right to pick-up, visit, and meet with his/her student at school, without interference of or the need for consent from the other parent, unless the school has received a certified copy of an enforceable court order that provides to the contrary. In addition, a court order is necessary to deny records access to parents/guardians.*

\_\_\_\_\_  
Student's Last Name (Jr., III, etc.)

\_\_\_\_\_  
Student's First Name

\_\_\_\_\_  
Student's Middle Name

**Voluntary School Messenger Opt-In Consent Form for General Messages**

Future Scholars Christian Academy utilizes an automated parent notification system to quickly and efficiently notify parents of important school and district information. Such notices may include information regarding **school closures/delays, security alerts, absence notifications, and upcoming school information.**

Due to recent changes to the Telephone Consumer Protection Act (TCPA), parents are now **required to provide prior expressed consent to receive automated communications on their mobile devices.** This means parents must provide express consent to receive general messages through automated calls and/or SMS text messages on their mobile device(s). Consent is not required if the call or text is for emergency purposes or if made directly by a principal, teacher, or other staff member.

**PARENT/GUARDIAN SCHOOL MESSENGER CONSENT FOR GENERAL MESSAGES:**

I, \_\_\_\_\_, consent to give Future Scholars Christian Academy permission to contact me via my cellular device for automated phone calls or SMS text messages for general messages. I understand that emergency notifications are excluded from this permission and will be sent as normal. **By signing, I am stating that I am the owner of this cellular device and its user contract. I also certify that I will notify the school immediately if I change or deactivate this number.**

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Cellular number: \_\_\_\_\_

**STUDENT ENTRY FORM**

**NOTICE: You are required to complete the Emergency and Contact Information Form and update information annually or any time the information changes. School personnel will contact you to pick up your child if he/she is unable to remain at school due to illness or accident. If school personnel are unable to reach you, one of the adults listed on the Emergency and Contact Information Form designated to pick up your child will be contacted. School personnel will contact Emergency Medical Services in an emergency situation to take whatever action is deemed necessary for the health and safety of your child. Parents are financially responsible for any emergency care and/or transportation your child needs. It is the parent/guardian's responsibility to notify FSCA if changes to this form need to be made and to provide the school with information if there are any custody restrictions involving your child. Forms must accurately reflect your child's court order, if applicable.**

*I certify that the information provided on this Student Entry Form/Emergency and Contact Information Form is accurate, true, and correct.*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Enrolling Parent/Guardian Signature

\_\_\_\_\_  
Relationship to Student

Student's Last Name (Jr., III, etc.)

Student's First Name

Student's Middle Name

**2024-2025 CONFIDENTIAL MEDICAL INFORMATION**

1. Allergy to:  Food: \_\_\_\_\_
2. Allergy to:  Medicine: \_\_\_\_\_
3. Allergy to:  Ants,  Wasps,  Bee stings,  Environmental or other.  
Please list: \_\_\_\_\_
4. Specify reaction to allergy or allergen:  Rash,  Swelling,  Hives,  Trouble Breathing,  Vomiting,  
 Diarrhea,  Other \_\_\_\_\_
5. Takes medication for any allergies. Name of Medication(s): \_\_\_\_\_
6. Does the child need a special diet?  Yes  No (If yes, the school will require a Diet Modification Form from a doctor. Obtain the Diet Modification Form on-line or from the School Nutrition Manager.)
7. Asthma. Diagnosed at age: \_\_\_\_\_ Under doctor's care now?  Yes  No List triggers: \_\_\_\_\_  
Takes medication for asthma. Name medication(s): \_\_\_\_\_
8. Attention Deficit/Hyperactivity Disorder (ADD/ADHD). Takes medication.  
Name medication(s): \_\_\_\_\_
9. Autism Spectrum Disorder  Diagnosed by Medical Doctor  Takes medication.  
Name medication(s) \_\_\_\_\_
10. Autoimmune Disease (Lupus, etc.) Explain: \_\_\_\_\_
11. Blood disorder  Sickle cell anemia  Bleeding condition. Specify: \_\_\_\_\_
12. Cancer. Explain: \_\_\_\_\_
13. Cardiac/ Heart condition. Explain: \_\_\_\_\_  
Under doctor's care for this condition?  Yes  No; Any physical restrictions?  Yes  No  
If yes, explain: \_\_\_\_\_
14. Cystic Fibrosis  Takes medication. Name medication(s): \_\_\_\_\_
15. Diabetes. Does the child require insulin?  Yes  No
16. Does the child require insulin at school?  Yes  No   
Takes medication. Name medication(s): \_\_\_\_\_
17. Hypoglycemia (low blood sugar).  Takes medication. Name(s) \_\_\_\_\_
18. Digestive disorders. Explain: \_\_\_\_\_
19. Head injury (serious). Explain: \_\_\_\_\_
20. Hearing problem  Uses hearing aid.  Right ear  Left ear
21. Heart condition. Explain: \_\_\_\_\_  
Under doctor's care for this condition?  Yes  No; Any physical restrictions?  Yes  No  
If yes, explain: \_\_\_\_\_
22. High Blood Pressure (Hypertension)  Takes medication. Name medication(s) \_\_\_\_\_
23. Kidney or bladder disorder. Explain: \_\_\_\_\_  
Requires catheterization. Explain or type of catheterization: \_\_\_\_\_
24. Mental Health Condition.  Takes medication. Name of medication(s) \_\_\_\_\_
25. Migraines. Under doctor's care for migraines?  Yes  No;  Takes medication.  
Name medication(s) \_\_\_\_\_
26. Muscle/bone/mobility disorder. Explain: \_\_\_\_\_
27. Seizure Disorder. Type of seizure(s): \_\_\_\_\_  
How long ago was the last one? \_\_\_\_\_  Takes medication.  
Name medication(s) \_\_\_\_\_
28. Vision problems. Explain: \_\_\_\_\_ Glasses  Contacts
29. Other medical condition not listed. Explain: \_\_\_\_\_
30. Other medications taken not listed above: \_\_\_\_\_
31. My child \_\_\_\_\_ does not have any conditions or illnesses.

Child's Name

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\_\_\_\_\_

**Student's Last Name (Jr., III, etc.)      Student's First Name      Student's Middle Name**

32. Does your student have insurance coverage? (Private, Medicaid, etc.) Yes or No

a. Provider of Insurance: \_\_\_\_\_ (Company)

I certify that the information I have provided on this Enrollment Application Form is accurate and true. I understand the school keeps all personal and medical information and records in accordance with law.

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

Enrolling Parent/Guardian Signature: \_\_\_\_\_

Print Enrolling Parent/Guardian Last Name: \_\_\_\_\_ First Name \_\_\_\_\_