



*Faith Christian*  
S C H O O L

**STUDENT  
APPLICATION**

**Faith Christian School  
5449 Brookhaven Road  
Ramseur, North Carolina 27316  
336-824-4156  
FAX 336-824-1012  
Email: [school@faithramseur.org](mailto:school@faithramseur.org)  
Website: [www.faithramseur.org](http://www.faithramseur.org)**

Attach a recent photograph here

# Faith Christian School

5449 Brookhaven Road, Ramseur, NC 27316

## Student Application

### Student Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial \_\_\_\_\_  
Goes By: \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_  
Church Affiliation: \_\_\_\_\_ Church Member: \_\_\_ Yes \_\_\_ No  
Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Student Email Address: \_\_\_\_\_  
Present Grade Level: \_\_\_\_\_ Student Cell Phone \_\_\_\_\_ Student Email \_\_\_\_\_

### Family Information

Father's Last Name \_\_\_\_\_ First Name: \_\_\_\_\_ MI \_\_\_\_\_ Title: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Primary No? (yes,no) \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_ Position: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext \_\_\_\_\_  
Legal Relationship to Student: \_\_\_\_\_ Lives with Student? \_\_\_ Yes \_\_\_ No  
Financially Responsible? \_\_\_ Yes \_\_\_ No Father's Email Address \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Cell Phone Carrier: \_\_\_\_\_ Primary No? (yes,no) \_\_\_\_\_

Mother's Last Name: \_\_\_\_\_ Title: \_\_\_\_\_ First Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Primary No? (yes,no) \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_ Position: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext \_\_\_\_\_  
Legal Relationship to Student: \_\_\_\_\_ Lives with Student? \_\_\_ Yes \_\_\_ No  
Financially Responsible? Yes \_\_\_ No Mother's Email Address \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Cell Phone Carrier: \_\_\_\_\_ Primary No? (yes,no) \_\_\_\_\_

Grandparents: (We would like to send them information about our school and invite them to Grandparents' Day)

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

### Admission Information

You are applying to attend what grade? \_\_\_\_\_ School attended last year: \_\_\_\_\_  
Address of school: \_\_\_\_\_  
Have all financial obligations been fulfilled at the school listed above? Yes \_\_\_ No \_\_\_  
Has any grade been repeated? \_\_\_\_\_ If yes, which one: \_\_\_\_\_  
Reason: \_\_\_\_\_  
Does the applicant exhibit any kind of rebellious attitudes toward parents or others in authority? Yes \_\_\_ No \_\_\_  
Applicant: \_\_\_\_\_  
New Students: (5th - 12th) Please fill out NEW STUDENT PERSONAL STATEMENT and attach to this application.  
Are you willing to commit to working diligently in our academic program? Yes \_\_\_ No \_\_\_  
Please give the specific name of the church where you and your child attend or are members:  
\_\_\_\_\_

Do you attend regularly? \_\_\_\_\_ Does your family? \_\_\_\_\_ Denomination: \_\_\_\_\_ Pastor: \_\_\_\_\_

Church Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_

#### IMPORTANT! NEW STUDENTS!

Please send a recommendation form to two of the following only: One must be from your pastor, children's pastor, youth pastor and one must be from a current or previous teacher, guidance counselor or school principal.

1. Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_  
2. Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_

## Confidential

YES NO

Check the appropriate box

- Does the applicant have any significant physical impairment? If so, what? \_\_\_\_\_
- Has the applicant been previously hospitalized? If so, for what? \_\_\_\_\_
- Is the applicant allergic to anything? If so, what? \_\_\_\_\_
- Has the applicant had or does the applicant have any major diseases or illness: If so, what? \_\_\_\_\_
- Has the applicant had any operations? If so, what? \_\_\_\_\_
- Is the applicant under the care of a doctor? If so, for what reason? \_\_\_\_\_
- Has the applicant ever been treated for any nervous, mental, or emotional disorder, or seen a psychologist? If so, explain: \_\_\_\_\_
- Has the applicant ever used illegal or dangerous drugs? \_\_\_\_\_
- Has the applicant ever used alcoholic beverages or tobacco? \_\_\_\_\_
- Has the applicant ever been expelled, dropped, or suspended by any school? \_\_\_\_\_
- Does the applicant have any physical, emotional, or mental handicaps which may affect activities or progress? If so, explain: \_\_\_\_\_
- Has the applicant received any type of tutoring or therapy? If so, explain: \_\_\_\_\_
- Does the applicant desire to attend Our School?  
Reason for leaving current school: \_\_\_\_\_

If any answer is affirmative, and there is not enough space to explain, please give complete details on a separate sheet of paper. An explanation may also be required from the doctor, principal, or court.

## Our Agreement Together

We have read and understand the Parent/Student Handbook and we are in agreement with the policies set forth. We give the school permission for my child to take part in all school activities, including sports activities and school-sponsored trips away from the school premises. We further agree to hold the school and its agents harmless for any liability to my child or guardian or parent thereof because of any claims on behalf of my child against the school or any agent thereof because of any injury or alleged injury to my child. Should legal action, for any reason, be taken against the school or any employee or agent thereof on my child's behalf and the school or its agent not be found at fault, we agree to pay any attorney fees, court fees, damages or other costs that the school or its agent should incur to defend itself against such action. Should legal action be required to collect my account should it become delinquent, we agree to pay any attorney's fees, collection fees, or court fees that the school or its agents should incur.

We agree to uphold and support the high academic standards of the School by providing a place at home for our child to study and by giving our child encouragement in the completion of homework and assignments.

We recognize that for our child to make good progress in his work, it is essential that he have confidence in his teacher and the school. Therefore, we will do all in our power to see that our child respects and obeys the school staff and standards. We agree that if our child should become involved in any difficulty with other children, teachers, or staff in the school, we will refrain from complaining to any parent, but with prayerful Christian spirit will register complaints with the teacher or principal.

We shall endeavor to support and uphold the principles, practices, and educational policies of the school in every way.

This statement of cooperation will be in effect for as long as my children attend the school.

Father's Signature \_\_\_\_\_ Date \_\_\_\_\_

Mother's Signature \_\_\_\_\_ Date \_\_\_\_\_

# PASTORAL REFERENCE FORM

**Faith Christian School**  
5449 Brookhaven Rd.  
Ramseur, NC 27316  
www.faithramseur.org  
336-824-4156  
FAX 336-824-1012  
EMAIL school@faithramseur.org

*Please complete and return as soon as possible to the above address. Answer the following questions carefully. Your answers will be kept in confidence.*

Student applying for admission: \_\_\_\_\_

How long have you known the student applicant? \_\_\_\_\_ years \_\_\_\_\_ months

Does he/she attend church regularly? \_\_\_\_\_

Does he/she participate in church activities? \_\_\_\_\_

Does he/she come from a Christian home? \_\_\_\_\_

Have he/she accepted Jesus Christ as their personal Savior? \_\_\_\_\_

Have you observed anything that would be questionable about his/her moral life? \_\_\_\_\_

Have you any reason whatsoever for lack of confidence in this student applicant? \_\_\_\_\_

If so, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Pastor's Name: \_\_\_\_\_

Contact Telephone Number: \_\_\_\_\_

Relationship to student applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

# NEW STUDENT PERSONAL STATEMENT

**Faith Christian School**  
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*All new middle and high school students must provide the information requested below. Please return this form with application materials. Please attach additional paper if more space is needed. Responses must be in the student's own handwriting.*

Student applying for admission: \_\_\_\_\_

Grade applying for: \_\_\_\_\_

Why do you desire to enroll at Faith Christian School? \_\_\_\_\_

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Have you personally accepted Jesus Christ as your Savior? (circle choice)

YES                  NO                  NOT SURE

If yes, describe your relationship with Jesus Christ and how you came to such a commitment. If no or not sure, describe why the Christian emphasis at Faith Christian School appeals to you.

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Affirmation: It is my desire to maintain the standards and expectations conveyed in the admission materials.

Student's Name: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_