

Voices of Faith Christian Academy

2125 Rockbridge Road SW
Stone Mountain, Georgia 30087
678-740-0215 • Fax 678-740-0217
www.voicesfaith.org

Application for Admission

Instructions:

1. Complete the application in ink (print) or type and send it to Director of Admissions, Voices of Faith Christian Academy, 2125 Rockbridge Road, Stone Mountain, GA 30087.
2. Have the applicant's school send a current transcript, if possible.
3. Include the non-refundable \$100.00 Application Fee (check payable to VOFCA).
4. Attach a recent photograph (candid acceptable).

Attach
Photograph

Personal Information Regarding Applicant and Family

Print full legal name (no abbreviations) and name preferred to be called

Last name		First	Middle	Preferred	
Street address				()	
City		State/Country	Zip	Boy ()	Girl ()
County of residence	Citizenship	Birth place	Age	Birth date	

Father's Information

Full name	
Address (if different)	
City	State Zip
Home phone	Business phone
Cell phone	Fax number
E-Mail Home <i>Grades/ newsletters e-mailed to parents</i>	E-Mail office
Occupation	Title
Company's name	
Company's address	
City	State Zip
College(s) and degree(s)	

Mother's Information

Full name	
Address (if different)	
City	State Zip
Home phone	Business phone
Cell phone	Fax number
E-Mail home <i>Grades/ newsletters e-mailed to parents</i>	E-Mail office
Occupation	Title
Company's name	
Company's address	
City	State Zip
College(s) and degree(s)	

Important Information

<input type="checkbox"/> Parents married and together	<input type="checkbox"/> Parents married and separated	<input type="checkbox"/> Parent(s) deceased? _____
<input type="checkbox"/> Parents divorced	Who has custody? _____	
Mother remarried?	<input type="checkbox"/> No	<input type="checkbox"/> Yes spouse _____
Father remarried?	<input type="checkbox"/> No	<input type="checkbox"/> Yes spouse _____
Mail official correspondence	<input type="checkbox"/> Both	<input type="checkbox"/> Father <input type="checkbox"/> Other <input type="checkbox"/> Mother
Responsible for tuition/fees	<input type="checkbox"/> Both	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other _____
Resides with	<input type="checkbox"/> Both	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other _____

Desired Date of Admission **Classification Desired**

- Immediately (month/year) _____
- Fall 20__ - 20__ Summer school
- 1/2 K4 Student Grade level desired _____
- Full Day K4

Applicant's Educational History

Briefly explain your child's academic/social needs as you perceive them, including goals which you wish achieved at Voices of Faith Christian Academy.

Transcript/Records *(Please bring a copy of the transcript)*

Enclosed form sent to your child's school? Yes No

School where currently enrolled

Grade currently enrolled

City _____ State _____ Zip _____

Phone _____

Names to contact for educational information/references: (permission to call? Yes No)

Other schools attended

City/State

City/State

Applicant's Conduct History (Confidential)

It is important that the following be answered completely and honestly so that the Director of Admissions may understand the applicant's background. Please attach additional statements to the application if necessary.

Has the applicant ever been:	Explain
in-school suspended? <input type="checkbox"/> No <input type="checkbox"/> Yes	_____
out-of-school suspended? <input type="checkbox"/> No <input type="checkbox"/> Yes	_____
expelled? <input type="checkbox"/> No <input type="checkbox"/> Yes	_____
asked to withdraw? <input type="checkbox"/> No <input type="checkbox"/> Yes	_____

Has the applicant ever been involved with law enforcement authorities? No Yes

If yes, please explain: _____

Has the applicant ever had any problems with alcohol or illegal substance abuse? No Yes

If yes, has applicant received treatment for the problems? No Yes

Please explain: _____

Applicant's Medical History (confidential)

Georgia law requires that a completed immunization form be on file for each student by the first day of class. The school also requires that a student health form be complete each year by the first day of class.

Applicant's Physician: _____ Phone (____) _____

Other than regular childhood diseases, has the applicant ever been diagnosed as having a communicable disease? No Yes

If yes, please explain: _____

Does the applicant have any medical conditions that would prevent him/her from participating in the school's physical education or athletic programs? No Yes Any family members under the age of 40 with heart problems? No Yes

If yes, please explain: _____

Has the applicant ever been hospitalized? No Yes Explain: _____

Has the applicant ever received **professional counseling**? No Yes Psychologist/Counselor _____

Phone (____) _____ Permission to contact: Yes No

If no, please explain: _____

Has the student had a **psychological-educational evaluation**? No Yes Date of evaluation _____

Name of evaluator: _____ Phone (____) _____

Permission to contact evaluator: Yes No

Please have a copy of the evaluation and any other standardized testing sent to the Director of Admissions.

Additional Information

Yes No Parent/Guardian of the applicant give permission for the applicant to have his/her photograph and name appear in current and future school publications (yearbook, newsletters, etc.) and promotional materials. If no, please explain: _____

Voices of Faith Christian Academy has various functions to which immediate family, grandparents, and friends are invited. Please complete the following.

Siblings

Name	Age	School	Name	Age	School
Name	Age	School	Name	Age	School

Paternal Grandparents

Name

Address

City State Zip

(_____) _____
Phone

E-Mail _____

Maternal Grandparents

Name

Address

City State Zip

(_____) _____
Phone

E-Mail _____

Please read carefully before signing and submitting:

I certify that I have read and understand this application, and I further certify that the information I have submitted is complete and correct to the best of my knowledge and belief. I agree to communicate to the Director of Admissions in writing any changes in any matters contained herein even if such changes occur after the student has been enrolled. I understand that upon discovery of any inaccuracy of information contained herein, or omission of information requested herein, Voices of Faith Christian Academy reserves the right to revoke admission to Voices of Faith Christian Academy.

Signature of parent/guardian

Date

Signature of student applicant (required)

Date

Person(s) who will assume responsibility for payment of tuition?

Print name & relationship

Bank: _____
Name & address

Voices of Faith Christian Academy

2125 Rockbridge Road SW
Stone Mountain, Georgia 30087
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www.voicesfaith.org

Transcript/Records Release

Complete and give to current school

To Parents:

Complete this form and submit it to your child's school.

Authorization of Release of Educational Records to Voices of Faith Christian Academy

In accordance with regulations regarding the privacy rights of parents and students, the undersigned hereby consents to the immediate release to Voices of Faith Christian Academy of all educational records including official transcripts, current grades in courses, test profiles, and educational evaluations.

Student _____ Current grade _____
(Print) Last First Middle

Signature of parent/legal guardian

Date

Print name of school

Phone

School address

City

State

Zip

To Principal/Guidance Counselor/Registrar:

The above-named student has made application for admission to Voices of Faith Christian Academy. We would appreciate you promptly sending the following information. **Please retain this authorization form in the student's file so that additional forms will not be necessary for future information requests from Voices of Faith Christian Academy.**

1. An official transcript of the student's academic record to date, including grades for courses in progress and an explanation of the school's grading scale. Include conduct records if permitted or required by state law.
2. A copy of the student's complete test profile.
3. All psychological/educational evaluations or diagnostic evaluations.
4. A copy of immunization records.

Please mail the requested information directly to:

Voices of Faith Christian Academy

Director of Admissions

2125 Rockbridge Road SW

Stone Mountain, Georgia 30087

(678) 740-0215

Fax (678) 740-0217 (An official transcript must follow fax copies)

Voices of Faith Christian Academy

2125 Rockbridge Road SW
Stone Mountain, Georgia 30087
678-740-0215 Fax 678-740-0215
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Student's Health History

Completed by Parent/Submit with Application

Instructions: Parents/guardian, please complete this form and submit it with the application.

Name _____ Sex _____ Age _____ Date of birth _____

Grade _____

Address _____ Phone _____

Personal physician _____ Phone _____

In case of emergency, contact:

Name _____ Relationship _____ Phone _____

Explain "Yes" answers below.

Circle questions you don't know the answers to.

- | | Yes | No |
|--|--------------------------|--|
| 1. Has a doctor ever denied or restricted your participation in sports for any reason? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you have an ongoing medical condition (like diabetes or asthma)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you currently taking any prescription or nonprescription (over-the-counter) medicines or pills? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you have allergies to medicines, pollens, foods, or stinging insects? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you ever passed out or nearly passed out DURING exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you ever passed out or nearly passed out AFTER exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you ever had discomfort, pain, or pressure in you chest during exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Has a doctor ever told you that you have (check all that apply): | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> High blood pressure | | <input type="checkbox"/> A heart murmur |
| <input type="checkbox"/> High cholesterol | | <input type="checkbox"/> A heart infection |
| 9. Has a doctor ever ordered a test for your heart? (for example: ECG, echocardiogram) | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Has a doctor ever told you that you have asthma or allergies? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Have you ever used an inhaler or taken asthma medicine? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Do you have any rashes, pressure sores, or other skin problems? | <input type="checkbox"/> | <input type="checkbox"/> |

- | | Yes | No |
|--|--------------------------|--------------------------|
| 13. Have you ever used an inhaler or taken asthma medicine? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Do you have any rashes, pressure sores, or other skin problems? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Have you ever had a head injury or concussion? | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Have you ever had a seizure? | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. When exercising in the heat, do you have severe muscle cramps or become ill? | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease? | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Have you had any problems with your eyes or vision? | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Do you wear glasses or contact lenses? | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of parent/guardian _____ Date _____

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Student Pick-Up Authorization

Complete by Parent/ Submit with Application

Transportation: ___ Before Care ___ Car Rider Only
 ___ After Care

Name of Student: _____

Teacher: _____ Grade: _____

Please list all authorized persons who will be picking up your child in the afternoon:

Name/Relationship	Home Number	Cell Number	Work Number
1.			
2.			
3.			
4.			
5.			

Please call the Academy office or send a note to school with your child if any person(s) other than the authorized names above will be picking up your child. Your written consent **MUST** be received before your child will be released.

Parent/Legal Guardians:

Name _____ Relationship _____
 Address _____ Phone _____

Name _____ Relationship _____
 Address _____ Phone _____

I hereby state that, to the best of my knowledge, that my answers to the above questions are complete and correct.

Parent's Signature _____ Date _____

Parent Statement of Agreement

Completed by Parent/Submit w/ Application

I (We) reserve(s), legal parent/guardian of _____ mutually agree to enter in to
Student's Name

an agreement with Voices of Faith Christian Academy and the student above is classified as a student of Voices of Faith Christian Academy from August until May, 2009 and shall attend classes, participate in school activities, earn and/or transfer academic credits.

I understand that I am expected to pay the monthly fees according to due date schedule. A two-week written notice must be given to VOFCFA before withdrawing my child. Transcripts, report cards and students records will not be released until all outstanding charges are paid.

VOFCFA will NOT refund any monies for partial weeks of the child's attendance. Attendance for one or more days constitutes a full month.

School hours are 8:30am – 2:45pm. If the child is not picked-up by 3:15pm, they will automatically be enrolled in our after school program and the rate for that day is \$20, and will be billed and payable with the subsequent tuition payment.

I understand that according to state regulations, my child will not be allowed to enter to or leave the facility unless accompanied by the parent(s), a person authorized by the parent.

I acknowledge it is my responsibility to keep my child's records current. I will notify the academy of any significant changes as they occur, e.g., telephone numbers, work location, emergency contacts, child's health status, change of address, and etc. as VOFCFA is not responsible unless notified.

By signing below, I acknowledge that I fully understand my obligation for my child and agree to the terms in this contract.

Parent Signature

Date

VOFCFA Director

Date

Tuition Payment Schedule

DUE DATE

GRACE PERIOD

Friday, February 29–Enrollment Fee

Friday, August 1

Monday, June 9 – Tuition Payment 1

Friday, August 1

Monday, July 14– Book Fee

Monday, August 11

Saturday, August 30 – Tuition Payment 2

Friday, September 5

Tuesday, September 30 – Tuition Payment 3

Saturday, October 5

Friday, October 30 – Tuition Payment 4

Wednesday, November 5

Saturday, November 30 – Tuition Payment 5

Friday, December 5

Tuesday, December 30 – Tuition Payment 6

Monday, January 5

Friday, January 30 – Tuition Payment 7

Thursday, February 5

Saturday, February 28 – Tuition Payment 8

Thursday, March 5

Tuesday, March 31 – Tuition Payment 9

Saturday, April 5

Thursday April 30 – Tuition Payment 10

Tuesday, May 5

Payments made on or after the 5th of the month must be paid by cashiers check or money order. **Personal checks will not be accepted after the 5th of the month. Payments received after the 5th will incur a late fee of \$15.00.**

EST.

VOICES OF FAITH
CHRISTIAN ACADEMY

2004

Parent Signature

Date

VOFCA Director/Administrator

Date

Before & After Care Program K4

Completed by Parent/Submit w/Application

Please register my child for the Before and After Care Program indicated below:

Child's Name _____ Grade _____

- | | | | |
|-------|-----------------------|------------------|--|
| _____ | Before Care Program | \$50.00 monthly | (6:30am – 8:00am) |
| _____ | After Care Program | \$70.00 monthly | (2:45pm – 6:30pm) |
| _____ | A.M. and P.M. Program | \$100.00 monthly | (6:30am – 8:00am
and 2:45pm - 6:30pm) |

I understand that if my child is dropped off or remains at any time during the hours of the Before and After Care Program, **I am responsible to pay \$20 for the day.**

I understand that once I have enrolled my child in the Before and After Care Program, a two week-notice is required for withdrawal from the program. **I also understand that once my child is withdrawn, re-enrollment will require another paid registration fee.**

I understand that discipline is necessary to provide safety for all students and to create an environment for students to study and prepare homework assignments. Therefore, I agree that continuous infraction of rules, after written documentation has been sent home, may result in suspension or in some cases, expulsion from the program.

My signature below acknowledges my child's participation in the above selected program(s) and my consent to pay the designated fees for such according to Voices of Faith Christian Academy's scheduled billing cycle.

Parent Signature _____

Date _____

VOFCA Director/Administrator _____

Date _____

EST.

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CHRISTIAN ACADEMY

2004

Before & After Care Program K-5

Completed by Parent/Submit w/ Application

Please register my child for the Before and After Care Program indicated below:

Child's Name _____ Grade _____

_____	A.M. Care Program	\$70.00 monthly	(6:30am – 8:00am)
_____	P.M. Care Program	\$130.00 monthly	(2:45pm - 6:30pm)
_____	A.M. and P.M. Program	\$180.00 monthly	(6:30am – 8:00am and 2:45pm - 6:30pm)

I understand that if my child is dropped off or remains at any time during the hours of the Before and After Care Program, **I am responsible to pay \$20 for the day.**

I understand that once I have enrolled my child in the Before and After Care Program, a two week-notice is required for withdrawal from the program. **I also understand that once my child is withdrawn, re-enrollment will require another paid registration fee.**

I understand that discipline is necessary to provide safety for all students and to create an environment for students to study and prepare homework assignments. Therefore, I agree that continuous infraction of rules, after written documentation has been sent home, may result in suspension or in some cases, expulsion from the program.

A \$25.00 registration fee must accompany each student's Before and After Care registration.

My signature below acknowledges my child's participation in the above selected program(s) and my consent to pay the designated fees for such according to the Academy's scheduled billing cycle.

Parent Signature _____

Date _____

VOFCA Director/Administrator _____

Date _____

EST.

VOICES OF FAITH
CHRISTIAN ACADEMY

2004

Voices of Faith Christian Academy 2008-2009 Financial Information

ENROLLMENT FEE – (NON-REFUNDABLE)

Grades K4-5 th Grade	\$100.00
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BOOK & ACTIVITY FEE – (NON-REFUNDABLE)

K4 Book	\$310.00 (Due by July 14, 2009)
K5- 5 th Book	\$360.00 (Due by July 14, 2009)

MEALS

Monthly Rate	\$45.00 (K4 lunch included in tuition)
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VOFCA TUITION

Grade K4	\$220.00 monthly for half day
Grade K4	\$425.00 monthly
Grades K-5	\$425.00 monthly

VOFCA TUITION BILLING CYCLE

Voices of Faith Christian Academy billing cycle is **MONTHLY** for all programs. For students enrolling in the programs, first month tuition is due June 9. The tuition is nonrefundable and nontransferable. Monthly tuition payments are due according to the Tuition Payment Schedule. If you choose to pay for the entire year by August 1, you will receive a 10% discount. There is a 10% discount if you been a member of VOF for six months and have completed new members class. A sibling discount of 10% is also available when enrolling two or more children; please note first child will be charged full tuition. **Only one discount allowed.**

EST.

VOICES OF FAITH
CHRISTIAN ACADEMY

2004

PHOTO RELEASE

Voices of Faith Christian Academy would like your permission to photograph/film your child for advertisement of our facilities. The photograph/film will be used for this purpose only. All rights to said photograph/film is the property of Voices of Faith Christian Academy.

Child's Name

Parent's Signature and Date

Director's Signature and Date

EST.

**VOICES OF FAITH
CHRISTIAN ACADEMY**

2004

ENROLLMENT CHECKLIST

Documents Needed to Complete Enrollment Packet:

- _____ Enrollment Fees - \$100.00
- _____ Current Immunization Form (#3231 only)
- _____ Copy of Birth Certificate (with State Seal)
- _____ Certificate of Ear, Eye, Dental (#3300)
- _____ Academic Records from Previous School (including report card)
- _____ All Enrollment Forms Completed and Signed
 - Application for Admission
 - Applicants Emergency Information and Authorization
 - Parent Statement of Agreement
 - Tuition Agreement
 - Tuition Payment Schedule
 - Before and After Care Program (optional)
 - Photo Release

EST.

VOICES OF FAITH
CHRISTIAN ACADEMY

2004