



FARMERS CHRISTIAN ACADEMY

600 Whispering Oaks Road, Morehead, Kentucky 40351
(606) 780-1281 | (606) 776-9780
fcatackett@gmail.com

STUDENT APPLICATION

Student Name: _____

Home Address: _____

Date of Birth: ____ - ____ - ____ Social Security Number: ____ - ____ - ____

Birth Place: _____

Father's Name: _____ Mother's Name: _____

Home Phone: _____ Mobile/Alt Phone: _____

Email Address: _____

Legal Guardian (if other than biological parents-court order must be provided): _____

Emergency Contact Name: _____ Phone: _____

Previous School Attended: _____

Previous School Address: _____

Retained Any Grades? (Please Circle One) YES NO

Suspended or Expelled? (Please Circle One) YES NO

PLEASE DETAIL ANY GRADE RETENTION, SUSPENSION, OR EXPULSION ON THE BACK OF THIS PAGE.

List any physical or mental handicaps, prescribed medication, or other limitations.

Family's Church Membership: _____

Pastor: _____ Phone: _____



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Parent/Student Agreement

Please read our school handbook then place a check mark in the space beside each statement to indicate your agreement.

- ☐ We/I accept the challenge to “train up a child in the way he should go” (Proverbs 22:6) and state this training will carry on in the home.
- ☐ We place our trust in Farmers Christian Academy (faculty, staff, and administration) to extend that training completely.
- ☐ We/I acknowledge that we have read the Parent-Student Handbook and agree to uphold all standards and regulations therein.
- ☐ We/I pledge to support the school by praying for its program, staff, and by supporting the procedures and discipline policies of the school.
- ☐ We/I agree to promote the spirit of unity within the ministry of the school. That is, we agree that if in need of help with a school problem, we will follow the procedure outlined in the Conflict Resolution Policy in the school handbook.
- ☐ We/I agree (parents only) to be responsible for all financial obligations to Farmers Christian Academy as outlined in the Tuition & Fees Policies in the school handbook. Furthermore, we understand that if we withdraw our student during a semester, we are still responsible for the remaining balance of tuition for that semester.
- ☐ We/I agree (student(s) only) to submit to the teachers, staff, and administration leadership of Farmers Christian Academy and do my part to take advantage of the superior opportunity I have been given to obtain a first-class education in a Christian environment.

Parent(s) Signature Date Student(s)

Signature Date

****All of our Handbooks are available on the school web site and in the school office****



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FINANCIAL CONTRACT

Student Name: _____

FCA is a ministry that operates solely on tuition and gifts. Attendance is a privilege that requires a financial commitment. Your signature confirms agreement to the following:

- A non-refundable enrollment fee of \$90 per family is due at admission.
- Student tuition for the academic year is \$2400 payable in 10 monthly payments of \$240. Tuition is due on the 10th of each month.
- Families enrolling more than one child: 1st child \$240, 2 children \$455, 3 children \$555, each additional child will be \$100
- Any payment received after the 10th of each month, unless the 10th falls on a weekend, will be assessed a \$20 late fee.
- There will be a yearly testing fee of \$32 in March
- In the event that an account is more than **30 days late**, the student will be **suspended**.
- **PLEASE PAY ON TIME WITHOUT REMINDERS!**

PRORATION AGREEMENT:

- Due to enrollment during the month of _____, tuition for the current academic year is \$_____, payable in _____ monthly payments.

"I agree to support Farmers Christian Academy and will faithfully pay my obligations on time as outlined in this contract. I understand that all tuition payments and fees must be paid on time. I promise to be honest and honorable in all financial matters including payment of late fees. I will keep my child(ren) home and consider him/her suspended in the event I do not pay what I owe."

Parent's signature

Date

Administrator's signature

Date



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STUDENT RECORD RELEASE FORM

I, as the parent or guardian of _____, authorize and approve the release of all information concerning the educational placement of my child, who is enrolling in grade _____ and whose birth date is _____.

Records are in the custody of: _____

Records will be sent to: **Farmers Christian Academy School**
Attn: Lesley Tackett
600 Whispering Oaks Road

This information should be included:

1. Report Card or Transcript
2. Psychological evaluation report
3. Standardized Achievement Test Results
4. Individual Education Program
5. Portfolio Work (if from Kentucky)
6. Health Records (Physical)
7. Social Security Card
8. Birth Certificate
9. Immunization Record
10. Attendance Record
11. Discipline Record

My signature below constitutes notice to me that this information will be disclosed only to school personnel that have a legitimate educational interest in my child.

Parents Signature: _____ Parents Printed Name: _____

Date: _____



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FIELD TRIP PERMISSION

Dear Parents,

We are planning to take several field trips / outings throughout the school year. We would like to have your permission on file along with a waiver releasing us (Farmers Christian Academy as well as staff, House of Prayer, Inc as well as staff and the actual driver of your child) from liability in the event of any accident / injury. Please let us know in writing if there is ever a time that your child is not allowed to be taken from the property.

Thank you,

Lesley Tackett

My child(ren), _____, has my permission to attend all outings / field trips with Farmers Christian Academy. I release all parties / entities mentioned above or any parties associated with those parties / entities listed above from all responsibility and indemnity in the case of an accident during these outings.

Parents/Guardian Signature_____

Date: _____



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MEDIA RELEASE FORM

I hereby consent to the use of any photographs / video tape taken of my child by Farmers Christian Academy or the media, for the purpose of advertising or publicizing events, activities, facilities and programs of the Farmers Christian Academy in newspapers, newsletters, on websites, other printed publications, on television, radio or other communications or in other advertising media.

By law, the Farmers Christian Academy protects the privacy of its students and is prohibited from releasing student's personal information. From time to time we take pictures for the use of newspaper and or website use. It is for this reason you may opt not to have your child's photograph / video taken.

Please mark the appropriate box below, either giving or denying consent and return this form to school.

(☐) YES, I allow my child/children to be identified in any good news district or school publication.

(☐) NO, I do not want my child/children identified in any good news district or school publication.

Please Print:

Student's Name _____

Street Address _____

City, State, Zip _____

If the above student is under the age of 18, please provide parental/guardian information:

Parent / Guardian's Name _____

Street Address _____

City, State, Zip _____

Parents/Guardian Signature _____ Date: _____



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APPROVED STUDENT PICK UP

Students Name: _____

Name	Social Security Number	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I, as legal guardian of _____ give my permission for Farmers Christian Academy to let my child leave with any of the above named adults in any instance that I cannot myself. I will, to the best of my ability, let the school know before the time that someone other than myself will be picking up my child(ren). I assume the responsibility to let the above person(s) know that they will need to provide proof of their social security number to the school officials when they are to pick up said child(ren).

Signature: _____ Date: _____



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MEDICAL INFORMATION AND RELEASE

Student Name _____ Date of Birth _____

Parent Names _____

Emergency Contact Info:

Name _____

Phone # _____

Parent Workplace and # _____

Allergies (including food) _____

Do any require medication to be kept at school? Yes No

Medication/ RX# _____

Stored Where? _____

Doctor Name and # _____

Preferred Hospital Name (has to be a specific hospital and doctor)

Parent Signature to obtain emergency medical service



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Dear Parents/Guardians:

Our students walk to the cafeteria daily for both snack and lunch, it is in a separate building and therefore requires our students to take a walk outside. Children are supervised during the trek from building to building.

Furthermore, the education of children is not confined to the four walls of the classroom. Teachers enhance their curriculum with field trips outside the classroom. Normally, field trips are planned by teachers and communicated to you outlining the purpose and all relevant details concerning the specific trip. As a parent or guardian, your consent is required for these field trips on an individual basis as they arise. There are times, however, when teachers take their classes out of doors and off the school site to walk to various destinations within the school neighborhood.

These “walking field trips” are often spontaneous, taking advantage of the weather or to collect or see something in the neighborhood. Such field trips may include, but are not limited to the following:

- Environmental clean-up
- Collecting fall leaves for science or art
- Sketching classes
- Adopting a tree, or square meter of forest
- Bug observation
- Use of a local community playing field, park, etc.
- Science walks using senses to observe
- Environmental enhancement e.g., gardening

SUPERVISION: The classroom teacher will directly supervise walking field trips. Depending on the grade level and the nature of the activity, additional supervision may be provided by teachers, school aides or parents to meet the supervision requirements. At all times, teachers will endeavor to ensure the safety of students during the walking field trip. Normally, elementary children will walk in line formation guided by adults, crossing roads at safe crossing points as a class.

RISK REDUCTION: Walking field trip activities are considered low risk for accidents or personal injury to students. However, classroom teachers will discuss behavioral expectations with students and take the appropriate safety precautions before embarking on the walking field trip to minimize risk and to enhance the safety of each student. First-aid packs and cellular phones or walkie-talkies are taken or easily accessed on walking field trips in case of an emergency. Student Emergency Procedure Plans/medical supplies will be brought for students with life-threatening medical conditions (e.g., anaphylaxis).

While on any field trip, it is important that students remember that they are on a school outing and behavioral expectations are consistent with all school rules. Because of the impromptu nature of the walking field trips, the school is seeking, in advance, informed consent for your child to participate in walking field trips within our school community by completing the form attached. These walking field trips are optional. Alternate arrangements will be made for students who do not participate. If there is a specific walking field trip that you do not wish your child to participate in, please indicate on the attached form.

Sincerely,

Pre-K Instructor



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Pre-K Walking Consent

(Please check appropriate box below)

☐ I understand the inherent risks associated with walking to the cafeteria and give my informed consent for my child, _____, to participate in walking to and from the cafeteria and walking field trips within the school community as outlined in the attached Letter to Parents/Guardians for the school term 2018-19. I am aware of the behavioral expectations of my child while participating and that there may be consequences for noncompliance.

☐ I do NOT give permission for my child, _____, to participate in walking to the cafeteria and walking field trips for the school term 2018-19. I understand that my child will be placed under the supervision of a school employee in the school building during the walking field trip.

Parent/Guardian Signature _____

Date _____

Printed Name of Parent/Guardian _____



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FOOD GUIDE SPECIFICATION RECEIPT

I _____ acknowledge by my signature below that I received a copy of
the Expectations of Nutrition of my child's lunch and snack at Farmers Christian Academy on
_____ (DATE)

_____ Name of Student

_____ Printed Name of Parent

_____ Signature of Parent



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DRESS CODE

Shirts: Solid Colored Polo Shirt with school name (Farmers Christian Academy) monogrammed on the left breast with those words only. For extra warmth during the school day, wear other shirts **UNDERNEATH** polo shirts.

Pants: Solid pants, shorts, skirts that cover the knee. No Jeans

Other: Males may not wear makeup, nail polish, etc.

- Girls ONLY may wear a small pair of earrings.
- No Hats in buildings, body piercing, or tattoos of any kind.
- Please send gym shoes for breaks.

Parents, do not send your children to school dressed inappropriately. Your signature is your word that these guidelines will be followed at all times.

Signature

Date



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ORIENTATION CHECKLIST

- | | |
|-----------------------------|-----------------------------|
| ___ reg fee | ___ orientation |
| ___ application | ___ SAT |
| ___ fin contract | ___ rpt card |
| ___ rec release | ___ 3 fundraisers |
| ___ field trip | *CC |
| ___ media | *bean dinner |
| ___ AP | *5K |
| ___ SPC ___ cmp | ___ parents rights |
| ___ pick up | ___ email address |
| ___ physical ___ eye | ___ permission to walk (PK) |
| ___ immz(dates) ___ dental | ___ food guide |
| ___ med info | ___ dress code |
| ___ SS | ___ \$100 incentive |
| ___ birth | ___ behavior |
| ___ custody | ___ bee/peanut butter |
| ___ supply list ___ brought | |
| ___ handbook | |
| ___ calendar | |