



Dear Parents of Prospective Student(s):

Thank you for your interest as you consider FaithCoast Academy for your child's academic and spiritual needs.

FaithCoast Academy is "Destin's Premier, Individualized, College Preparatory Academy" a growing, thriving community school of higher learning with a beautiful campus located in the heart of Destin serving students grades K3-10th.

Some of the distinguishing characteristics of FaithCoast Academy include:

- Qualified, certified, committed, and caring Christian learning coaches
- Newly updated school facility
- An advanced Christian curriculum
- Affordable tuition with multi-child discounts
- Low student-to-teacher ratio

Our faculty includes dedicated, Christian educators who are committed to teaching your child God's principles. We are committed to ensuring that your child will develop a life-long love of learning while increasing developmental skills.

FCA makes a commitment to each family and student we serve. We appreciate the opportunity to educate your child and would count it a privilege to partner with you in this effort. We welcome you to call and arrange a tour and begin the application process.

In His service,

A handwritten signature in blue ink, appearing to read "Darius Arnold", written over a white background.

Darius Arnold
Senior Pastor, FaithCoast

New Student Checklist

We're excited to welcome your student to FaithCoast Academy.

We've created this convenient checklist to simplify the admissions and enrollment process for you.

Each form listed below must be completed, signed, and returned to the school office.

If you have any questions about where to find the forms below please contact the school office at (850) 837-8688.

New Student Checklist:

- Student Application
- Student Information Form
- Medication Permission Form
- Birth Certificate Copy
- Medical School Entry Form (physical)
- Florida Certificate of Immunization Form: DH680 (must be sent from physician's office)
- Handbook: Student Conduct Policy & Parental Pledge of Support
- Financial Agreement (Issued after approved student admission)

If Student is Transferring:

- Student record(s) must be sent directly from the previous school.

Please submit each of your student's forms to the school office or send them electronically via email to records@mailfca.com. Please put the name of your student(s) in the subject line.



2023 FaithCoast Academy STUDENT APPLICATION

Please complete:

Applying for Grade:	Student Name:			Birthday			Gender
	Last:	First:	Middle	Month	Day	Year	
							*
							*
							*

• Please indicate gender as assigned at birth.

PRIMARY PARENT INFO:

CHILD lives with: (check all that apply)		<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Step Parent	<input type="checkbox"/> Other
Last:	First:				Father's Cell Phone:
Last:	First:				Father's Cell Phone:
Address:				Mother's Cell Phone:	
City	State	Zip		Mother's Cell Phone:	
PHONE NUMBER WHERE I PREFER TO RECEIVE SCHOOL MESSAGES:				Email:	

SECONDARY PARENT INFO: (If custody is shared with other adults)

(check all that apply)		<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Step Parent	<input type="checkbox"/> Other
Last:	First:				Father's Cell Phone:
Last:	First:				Father's Cell Phone:
Address:				Mother's Cell Phone:	
City	State	Zip		Mother's Cell Phone:	

If above parent/adult cannot be reached, FCA may contact the following who also have permission to pick up child(ren):

Name:	Relationship:	Phone:

If parents have joint or primary/secondary custody, please describe the terms of the custodial agreement.

** If a court has issued an order regarding child custody, parents must provide a copy of the order to the school.

Father: Are you a Christian? _____ On what do you base your answer? _____

Mother: Are you a Christian? _____ On what do you base your answer? _____

State your reason for wanting your child in a Christian School: _____

Name of church you attend: _____

Are you a member there: _____ If not, how long have you been attending? _____

What church ministries and activities are you and your family involved with? _____

Pastor's name _____ Pastor's phone number _____

How did you hear about FCA? Check all that apply:

- Friend
- Radio
- Newspaper
- Internet
- Other (please explain) _____

CHECK LIST - The following items must be submitted to register your child(ren):

- Application
- Birth Certificate
- Child Medical History/Physical (K-5 students only)
- Immunizations
- Name of school where child(ran) is/are currently enrolled

Child name: <i>(Please print)</i>	
Does child take any medications? <i>(If yes, please list them here.)</i>	
Does child have any allergies? <i>(If yes, please list them here.)</i>	
Family Physician:	Office number:

List all schools that your child has attended: _____

Has your child ever had to repeat a grade? _____ If yes, which grade(s)? _____

Has your child been suspended or expelled from school for any reason? _____

If yes, please give the year and the reason: _____

Has your child ever skipped a grade? _____ If yes, which grade(s)? _____

Has your child ever had an IEP or 504 plan? _____

Has your child been tested for or enrolled in a special program (resource, learning disability, gifted and talented, etc.)? _____ Please explain _____

List extracurricular interests, abilities, and achievements _____

Enrollment Type: Please check the appropriate box

- Full - Time Enrollment
- Part - Time (Homeschool)
- Remote (Homeschool)

**** We have read the handbook and the requirements set forth in the tuition schedule of FaithCoast Academy and do hereby request that our child be accepted as a student. Furthermore, we understand and agree to abide by the following:**

1. We understand our child's acceptance and attendance at FCA is a privilege and not a right, and at any time (in the sole opinion of the administration) his or her spiritual development, academic progress, conduct or cooperation is not in keeping with FCA's requirements, FCA reserves the right to terminate my child's enrollment.
2. We agree with the school's efforts to train our child/children in the Bible and in the Christian faith and will encourage them in this. We agree to attend church on a weekly basis. We understand that church attendance is not an option, and that if my family does not attend church on a weekly basis, my child may be dismissed from school.
3. Parental grievances must be directed through the proper channels. All grievances will be handled in accordance with the principles outline in chapter eighteen of the gospel of Matthew.
4. I am responsible for the timely payment of all tuition and other fees as well as any damages incurred to school property by my child.
5. It is further understood that upon voluntary withdrawal from school or expulsion, I am responsible for the balance on my account as of the withdrawal date.
6. My child has permission to take part in all school activities including field trips, athletic events, honor roll trips, and special outings.
7. My Child has permission to ride the school bus to all functions, including field trips, and if necessary, to ride with a staff member from FCA or another parent.
8. I understand that FCA, makes no refunds on fees.
9. I agree not to threaten to sue, contemplate suing, consult counsel, legal or otherwise, and actually litigate in any matter concerning the school. I agree with FCA's standards of conduct and willfully support the school in its enforcement of the standards of conduct. As I am a Christian, I will make no demands, seek counsel, or make any kind of accusation or complaint whatsoever relating to or resulting from the enforcement of the standards of conduct or dress code. To do otherwise would be clear violation of Biblical teaching and practices. I have read and understand the standard of conduct and agree that my child will abide by it, both at and away from school functions.
10. I am releasing FaithCoast Acaemy, Inc. and FaithCoast, Inc. from medical liability from any injury or accident on school or church grounds and school or church functions. I give staff members of FCA the authority to authorize any necessary medical treatment in the event of an emergency. I agree to hold FCA harmless, whereby I agree not to sue the school over the exercise of this authority. In the event FCA is sued, I agree to hold FCA harmless against any adverse judgment.
11. I agree to follow FCA, to use my child's picture on the school webpage, Facebook page, school publications, and in advertisements.
12. I have read the guidelines, rules, article of faith, and policies. I subscribe to them without reservation, and agree that my child will abide by these doctrines in all aspects of our lives, both at and away from school functions. I agree to help my child maintain the standards set forth by the school.

(Parent or Guardian Signature)

(Date)

(Parent or Guardian Signature)

(Date)

(Student Signature)

(Date)

Student Information Form:

Student _____ Grade Teacher _____
(Last) (First)

Date of Birth / /

Home Address _____
Street/ PO Box

City _____ Zip Code _____

Number where I prefer to receive telephone messages from the automated message system.

- -

I would be available to volunteer in the following areas:

- Classroom Parties Field Trip Chaperone Classroom Projects
- Organizing/Decorating Fundraising Lunch Room Volunteer Cleaning/Maintenance
- Other

Preferred parent to contact

(Indicate the numerical order in which we should make the contact.)

Home - -

Work - -

Mobile - -

Email _____

My student(s) will usually arrive to school

At 7:30 a.m. Before 7:45 a.m.

On Time. 8:00 a. m.

My student(s) will usually be:

A Car Rider Attending the after school care program.

The following people may pick up my child:

Enrollment Type: Please check the appropriate box

- Full - Time Enrollment
- Part - Time (Homeschool)
- Remote (Homeschool)

Permission VALID: From _____ To _____

MEDICATION ADMINISTRATION PERMISSION & RECORD

Information about the child and the medicine
(Completed by parent/guardian)

Child's Name		Child's Date of Birth										
Medicine	Time	Date	Dosage	Route								
Expiration Date:												
Special Instructions:												
Possible Reactions:												
Prescribing provider:		Phone:										
Pharmacy:		Phone:										
I give authorization to give medicine and to call the health care provider if needed.				Date:								
Parent/Guardian signature:				_____								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">RETURNED to Parent/Guardian</td> <td style="width: 15%;">Date</td> <td style="width: 25%;">Parent/Guardian Signature</td> <td style="width: 35%;">Child Care Staff Signature</td> </tr> <tr> <td>DISPOSED of Medicine</td> <td>Date</td> <td>Child Care Staff Signature</td> <td>Witness Signature</td> </tr> </table>					RETURNED to Parent/Guardian	Date	Parent/Guardian Signature	Child Care Staff Signature	DISPOSED of Medicine	Date	Child Care Staff Signature	Witness Signature
RETURNED to Parent/Guardian	Date	Parent/Guardian Signature	Child Care Staff Signature									
DISPOSED of Medicine	Date	Child Care Staff Signature	Witness Signature									

Medication Log
(Completed by child care provider)

	Monday	Tuesday	Wednesday	Thursday	Friday
Medicine					
Date					
Actual Time Given	AM _____ PM _____	AM _____ PM _____	AM _____ PM _____	AM _____ PM _____	AM _____ PM _____
Dosage/ Amount					
Route					
Facility Staff's Signature					

	Monday	Tuesday	Wednesday	Thursday	Friday
Medicine					
Date					
Actual Time Given	AM _____ PM _____	AM _____ PM _____	AM _____ PM _____	AM _____ PM _____	AM _____ PM _____
Dosage/ Amount					
Route					
Facility Staff's Signature					



STATE OF FLORIDA School Entry Health Exam

To Parent/Guardian: Please complete and sign Part I — Child’s Medical History. State law for school entry requires a health examination by a legally qualified professional. Additional requirements may be determined by local school districts.

(Please Print)

Name of Child (Last, First, Middle)		Birth Date	Sex
Address (Street)		School	Grade
City and ZIP Code	Home Telephone Number	Parent/Guardian (Last, First, Middle)	

PART I — CHILD’S MEDICAL HISTORY

To Parent/Guardian: Please check answers to questions 1 through 8 below in the column on the left.

(Please explain any “Yes” answers in the space provided below.)

1. Yes No Any concerns about general health (eating and sleeping habits, weight, etc.)?
2. Yes No Any other specific illness or social/emotional or behavioral problems?
3. Yes No Any allergies (food, insects, medication, etc.)?
4. Yes No Any prescription medication (daily or occasionally)?
5. Yes No Any problems with vision, hearing, or speech (glasses, contacts, ear tubes, hearing aids)?
6. Yes No Any hospitalization, operation, or major illness (specify problem)?
7. Yes No Any significant injury or accident (specify problem)?
8. Yes No Would you like to discuss anything about your child’s health with a school nurse?

To Parent/Guardian: Please explain any “Yes” answers from above.

I am the parent/guardian of the child named above. I give permission for the information on PARTS I and II of this form provided about my child to be reviewed and utilized only by the staff of this school and any school health personnel providing school health services in the district for the limited purpose of meeting my child's health and educational needs.



Signature of Parent/Guardian

Date

Partnership for School Readiness Recommendations for Prekindergarten and Kindergarten

To Parent/Guardian: Please obtain the services listed below in order to find any problems. Please work with your health care provider to correct or treat any problems that may reduce your child’s ability to learn in school. **(These services are recommended but not required.)**

1. Comprehensive Vision Examination (3-5 years of age) Date of Exam: _____ Results of Exam: _____ Health Care Provider: _____ <i>(check one)</i> Optometrist <input type="checkbox"/> Ophthalmologist <input type="checkbox"/>	Please describe any corrective action for any problems detected and any accommodations required.
2. Comprehensive Dental Examination Date of Exam: _____ Results of Exam: _____ Dentist: _____	Please describe any corrective action for any problems detected and any accommodations required.
3. Hearing Screening Date of Exam: _____ Results of Exam: _____ Health Care Provider: _____	Please describe any corrective action for any problems detected and any accommodations required.



Name of Child (Last, First, Middle) Birth Date

PART II — MEDICAL EVALUATION

To be completed and signed by the Health Care Provider ONLY:

The child named above has had a complete history and physical exam on the following date:
(Exam must be within one year of enrollment)

Month Day Year

Screening Results:

Height: Weight: BMI%: B/P: Hct/Hgb: Lead: Urinalysis:

Table with 4 columns: Vision status, Right/Left 20/ vision, Hearing status, and Pass/Fail/Refer status.

Gross dental (teeth and gums) Head/scalp/skin Eyes/Ears/Nose/Throat Chest/Lungs/Heart Abdomen Postural assessment
Normal Abnormal
Refer/Tx:

TB risk assessment done (Please review Targeted Testing Guidelines listed below.)

This child has the following problems that may impact the educational experience:

- Vision Hearing Speech/Language Physical Social/Behavioral Cognitive

Specify:

This child has a health condition that may require emergency action at school, e.g. seizures, allergies. Specify below.
(This form will be stored in the child's Cumulative Health Folder and may be accessed by both school and health personnel.)

Recommendations (Attach additional sheet if necessary):

(Please Check One)

- This child may participate fully in school activities including physical education.
This child may participate in school activities including physical education with the following restriction/adaptation.

(Specify reason and restriction)

Signature/Title of Health Care Provider Date Address (Please print or stamp) Name (Please print or stamp)

Tuberculosis Targeted Testing Guidelines for Health Care Providers

Tuberculosis Infection Risk:

Review the following risks and administer a Mantoux TB skin test if child is in one or more categories. The TB test is administered confidentially as part of the health examination. Do not record administration of any TB test or related information on this form.

- Recent immigrant (< 5 years), frequent visitor to TB endemic areas
Close contact to active TB case
Frequent contact with adults at high-risk for disease, HIV+, homeless, incarcerated, illicit drug user
HIV+ or have other medical conditions that increase the risk to progress from infection to disease, e.g., chronic renal failure, diabetes, hematologic or any other malignancy, weight loss > 10% of ideal body weight, on immunosuppressive medications

Active TB Disease Risk:

- Does the child exhibit signs/symptoms of tuberculosis (e.g. cough for three weeks or longer, weight loss, loss of appetite)?
If symptoms are present, work-up or refer for TB disease evaluation.