



*Families of Faith
Christian Academy
International*

P. O. Box 5125
Lakeland, FL 33807
www.fofcai.com

Phone: (863) 686-7755
Fax: (863) 248-4128
Email: admin@fofcai.com

Family Enrollment Application 2017-2018 Academic School Year

Complete the application by printing in ink or typing. All information must be provided for the application process to proceed. All information will be kept confidential.

Be sure to complete all the following steps:

1. Sign and return **this completed application** with the applicable first payment fees to the school office.
 - ▶ Please provide a copy of a photo ID of at least one parent or guardian with this application.
2. **Choose the payment option** for the student(s) tuition and complete the FOFCAI Credit Card Authorization Form unless full payment is enclosed.
3. **Complete a Student Enrollment Form for each student** to be enrolled. Applications for students being enrolled for the first time *must* include:
 - 1) **Birth Certificate:** Original or legible copy permitted.
 - 2) **Immunization Record:** (Florida State Form DH680 if the student is a Florida resident, or Religious Waiver form from the Health Department.)
 - 3) If this is the student's first enrollment in a Florida public or private school, a **School Entrance Physical** is required. (This can be the DH3040, Sports Physical etc.)
4. For **New Students** other than kindergarten, documentation of previous school or academic progress.
 - 1) **Most recent report card** for students entering 1-9 grades.
 - 2) **Certified High School Transcript** for students entering 10-12 grades or with any earned credits.
*Transfer students applying for enrollment in FOFCAI are required to provide evidence of supporting documentation to determine academic status. Families of Faith Christian Academy may require incoming students to take a standardized achievement test if the administration determines a student's records lack appropriate academic documentation.
 - 3) **Test Score Reports**, if available.
 - 4) **Homeschooling Documentation:** If you have been homeschooling, provide documentation for the past two years. (Three if entering the 12th grade.)

Parental Requirements

When a family has enrolled a child in Families of Faith Christian Academy International, the following requirements are necessary to remain in good standing with the school and its policies:

Maintain daily attendance records, accumulating a minimum of 170 days per school year,
Provide on the Student Enrollment Form an accurate reflection of the materials and curriculum used,
Provide the school with a quarterly attendance and grade report summarizing the progress of each child,
Notify the school of changes in course material, or method of instruction,
Have the child participate in the annual testing/evaluation program as prescribed and administered by the school,
Immediately notify the school of intent to transfer mid-year, and turn in all required grades and attendance,
Faithfully comply with all school policies and procedures, and
Pay all fees according to prescribed deadlines.

Mail Completed Application to:

Families of Faith Christian Academy International
P.O. Box 5125
Lakeland FL 33807

For appointments contact the office:

www.fofcai.com
Phone: 863-686-7755
Fax: 863-248-4128

Primary Family Contact Information:

The parent/guardian information provided below must pertain to the persons(s) *assuming responsibility for the education of the student* that will be enrolled in Families of Faith Christian Academy International. If a person is not the biological parent of the child, the relationship to the child must be indicated.

Non-custodial parents (in most cases) have the right to view report cards, achievement test scores and transcripts, and are to be listed on the student application, if applicable.

Parent Name:	_____	_____	_____	_____
	First	Middle	Last	Relationship (Father/Mother, etc.)
Parent Name:	_____	_____	_____	_____
	First	Middle	Last	Relationship (Father/Mother, etc.)
Address:	_____		_____	_____
	Street	City	State	Zip
Mother's Phone:	_____		Home	Cell
Father's Phone:	_____		Home	Cell
Email:	_____			
Alternate Email:	_____			
Emergency Contact:	_____		_____	_____
	Name	Relationship	Phone	

Acknowledgement and Release

- ▶ I/We hereby certify that the answers and information on this application are true and correct.
- ▶ I/We hereby certify and agree to the Parental Requirements listed on page one.
- ▶ I/We understand that Families of Faith (FOFCAI) is a Christian organization as put forth in its doctrinal statement.
- ▶ I/We understand and agree that FOFCAI shall not be responsible for the education of my child(ren) and that I am ultimately responsible.
- ▶ I/We understand that FOFCAI must have all official school records and will function as the sole school of record while my child is enrolled in FOFCAI.
- ▶ I/We understand that I am responsible to maintain the quality and scholastic standards of my home-based school.
- ▶ I/We understand and agree that I must choose our own curricula following the FOFCAI academic standards, and that all curricula, field trip, group class, and activity costs are our responsibility.
- ▶ I/We understand and agree that I will meet and maintain all the requirements of and abide by the policies and procedures of FOFCAI. (Complete listing of all policies and procedures are in the Parent/Student Handbook on line.)
- ▶ I/We understand and agree that negligence of these responsibilities may result in a penalty fee or dismissal from FOFCAI without refund, and that reinstatement is dependent upon reaffirmation to these standards, a favorable decision by the Board of Directors, and repayment of applicable fees.
- ▶ I/We release and hold harmless FOFCAI from all claims for loss, damage, and/or injury of any nature to any person or property resulting from FOFCAI's programs or activities.
- ▶ I/We further acknowledge that NO REFUND of tuition is given after the student has been enrolled for 10 business days, and FULL TUITION will still be due, even if you do withdraw your student.

By signing this application, I acknowledge, affirm, agree, and/or consent to ALL STATEMENTS listed on the application, and the Parent/Student Handbook.

Mother's Signature _____ Date _____

Father's Signature _____ Date _____

STUDENT TUITION:

List all the students to be enrolled for the 2017-2018 academic school year. A detailed Student Enrollment Form will be required for each student to determine that student’s academic plan.

- ◆List the student in the highest grade first.
- ◆Provide the student’s full name: First, Middle and Last
- ◆If the student’s grade is not clear, list a range, i.e., “high school,” “6-8,” etc.
- ◆**A Student Enrollment Form for Each Individual Student is Required**

1st Student: Name _____ Grade _____

2nd Student: Name _____ Grade _____

3rd Student: Name _____ Grade _____

4th Student: Name _____ Grade _____

5th Student: Name _____ Grade _____

(List additional students on a separate sheet.)

ENROLLMENT OPTIONS AND STUDENT TUITION:

_____ **Family Registration Fee:** *(One fee regardless of the number of students enrolled)* \$ **125**

_____ **Parent Directed / School Verified Program:** # of Students _____ X \$495 \$ _____
For parents who will choose, purchase, grade and tutor their students using curriculum approved by FOFCAI, that meets course and credit requirements.
10% Discount applies for families with multiple students: Total X 10% = \$ - _____

_____ **FOFCAI Virtual School Program:** # of Students _____ X \$795 \$ _____
Unlimited number of courses through the Ignitia On-Line system.
Attendance and grading provided by FOFCAI staff. Parents are still the primary teacher, and may opt for additional curriculum options in addition to Ignitia.
10% Discount applies for families with multiple students: Total X 10% = \$ - _____

_____ **FOFCAI Blended School Program:** # of Students _____ X \$795 \$ _____
Blended courses meet one or two days each week throughout the school term, with additional assignments completed through the schools on-line Moodle portal. Attendance, grading and full-time teacher support, provided by FOFCAI staff. Price is for each course taken.
10% Discount applies for families with multiple students or courses taken: Total X 10% = \$ - _____

_____ **FOFCAI Full-Time Campus School Program:** # of Students _____ X \$6,795 \$ _____
Unlimited number of courses through the Ignitia On-Line system.
Attendance, grading and full-time teacher support, provided by FOFCAI staff.

_____ **If any student(s) will graduate at the end of the 17-18 term, add \$100 Senior Fee for each.** \$ _____
Note: The cost of the commencement program at the end of the year is separate from the Senior Fee. In January, each senior will receive a "Senior Letter" with details of the graduation program, scholarship application deadlines, etc. including the cost of participating in the graduation program.

Total Tuition \$ _____

The payment worksheet is on the last page.

Tuition Worksheet

Option One: _____ Full Payment is enclosed: \$ _____

Option Two: _____ Registration Fee submitted with application, with the balance of tuition to be paid in regular monthly installments. **Programs that include Ignitia require a minimum first payment of \$200 per student.**

Amount included with application: \$ _____

Option Two: Select Payment Date and Amount

Student tuition balances may be paid by EBT in monthly payments. Accounts not kept current will be deactivated and will require the account to be paid in full, with a \$50 re-activation fee in order to be re-instated, unless extended payment arrangements have been approved.

Choose a day of the month for tuition fees to be processed:

Please debit my account on the _____1st _____10th _____20th of each month (or first business day following)
(Check one)

(Tuition fees are non-refundable 10 days from the date of enrollment, and full tuition will still be due, even if you withdraw your student any time after the ten days.)

Choose the amount and months for tuition fees to be processed: (Payments must begin within 45 days of enrollment or by September 1, 2016, whichever is later. **Due to processing cost and time, payments cannot be less than \$50 each month.**)

_____ June 2016 \$ _____	_____ Sept 2016 \$ _____	_____ Dec 2016 \$ _____	_____ March 2017 \$ _____
_____ July 2016 \$ _____	_____ Oct 2016 \$ _____	_____ Jan 2017 \$ _____	_____ April 2017 \$ _____
_____ Aug 2016 \$ _____	_____ Nov 2016 \$ _____	_____ Feb 2017 \$ _____	_____ May 2017 \$ _____

I _____ authorize FOFCAI to debit the Credit Card listed on the FOFCAI Credit Card Authorization Form for the full amount of the Application/ Re-enrollment and Family Registration fees.
(Signature of card holder)

\$Payment of the registration portion must be paid before application will be processed.

Families of Faith Credit Card Authorization Form

This form is used to authorize FOFCAI to make specific charges to your credit card account.

Fill in the box for the payments you authorize and the option you choose.

DO NOT send credit card information via e-mail.

Debit/Credit Card Information:

Name as it appears on debit/credit card: _____

Billing Address: _____ Zip Code _____

Type of Card: _____ Card # _____

Expiration date: _____ Security Code: _____ (three digits on the back of the card)

Signature of card holder: _____
(I agree to pay the above total amount in accordance with the card issuer agreement.)