



# Freedom Christian Academy

## Student Information Form 2015/2016

Student's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Student prefers to be called: \_\_\_\_\_ Father \_\_\_\_\_ Mother \_\_\_\_\_

Gender: M F Entering Grade: \_\_\_\_\_ Student lives with: Both / Father / Mother

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

**Parent Contact Information:** Address: \_\_\_\_\_

Primary Email: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Father's Cell #: \_\_\_\_\_ Mother's Cell #: \_\_\_\_\_

[Please circle # above as preferred first contact #]

Please attach a recent photo here

Please attach a recent family photo including all members of the family.

### Allergies or Medical Conditions:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

1. Student previously attended: \_\_\_\_\_ Years in Public School \_\_\_\_\_ Years in Private School  
 \_\_\_\_\_ Years in Home School What curriculum has been used?

Math: \_\_\_\_\_ Reading/Language Arts: \_\_\_\_\_

History: \_\_\_\_\_ Science: \_\_\_\_\_ Other: \_\_\_\_\_

Please provide the names of any previous schools your child has attended:

School Name Grade Attended School Address/Phone #

_____	_____	_____
_____	_____	_____



# Freedom Christian Academy

## Student Information Form 2015/2016

---

3. How does your son/daughter feel about the possibility of coming to Freedom Christian Academy?

- Excited  Nervous  Cautious  Concerned about friends  Concerned about new teachers
- Concerned about curriculum  Quiet  Other: \_\_\_\_\_

4. Please describe this child. What do you consider his/her strengths in the following areas?

Academically: \_\_\_\_\_

Socially: \_\_\_\_\_

Physically: \_\_\_\_\_

In what area does your child most excel? \_\_\_\_\_

What would you consider his/her weaknesses in these same areas?

Academically: \_\_\_\_\_

Socially: \_\_\_\_\_

Physically: \_\_\_\_\_

What is an area this child especially may struggle? \_\_\_\_\_

5. Has your child ever displayed social, behavioral or disciplinary issues, whether in a traditional school setting, Sunday school or at home, that would be helpful for us to understand? Y N

If yes, please explain how this has been addressed: \_\_\_\_\_

Has this approach proved effective in helping your child? \_\_\_\_\_

6. Has your student been tested for any of the following? Y N (If yes, please give the date(s) for each test and explain below)

Speech/Language \_\_\_\_\_ Attention Deficit/Hyperactivity Disorder \_\_\_\_\_ Autism  
 Spectrum Disorders \_\_\_\_\_ Dyslexia \_\_\_\_\_ Attention  
 Deficit Disorder \_\_\_\_\_ Developmental Delays Other \_\_\_\_\_

Note: If he/she has been tested and/or diagnosed with any learning disability and/or processing disorder, **we need to know**. Please share below. (We are not looking to "label" your child, but FCA does reserve the right to determine if our program can meet his/her needs.)

