



APPLICATION FOR ADMISSION



Dear Prospective Parent,

I am pleased to introduce Fairview Christian School to you! Fairview Christian School is Seattle's choice for private, in-city education. We are committed to engaging education that considers each student's God-given potential ... encouraging momentum towards success in life. Our graduates excel today, inspire others and will impact their communities tomorrow.

An engaging education is an investment in the future of the children involved. A quality school that is focused on the intellectual, emotional, and spiritual needs of children involves a committed team of professional educators, families, and friends of the school working together. We have been incredibly blessed with an outstanding faculty. Our faculty is not only excellent in their field, but also completely devoted to Christ. God has placed people in our midst of real character who desire to make a difference.

I want to commend you as a parent for considering placing your child here at Fairview. Our partnership with you, and with God, will insure that the next generation knows and lives for the truth. We seek to do our part as those who would dare to change the world. We firmly believe that the preparation your child receives at Fairview will be essential to the development of how they will serve God and society in the future.

Please contact our office should you have any questions, would like to schedule a tour, or arrange for an admissions interview. My staff and I have been given an incredible privilege of working to make a difference in the lives of young people every day.

We look forward to serving you and your family in the coming year!

Sincerely,

A handwritten signature in blue ink that reads 'Sharilee West'.

Sharilee West
Provost



2011-2012 REGISTRATION FORM

STUDENT INFORMATION

Gender: M F Grade: _____

Child's Name: _____ Birth Date: ___/___/___ Race: _____
Last, First Middle (Optional)

Preferred Name: _____ Home Phone: _____, Parent's Cell _____

Home Address: _____
Street City State Zip

Other children in family: Name _____ Age: _____,
Name _____ Age: _____, Name _____ Age: _____

Persons other than immediate family living in the home _____, relationship to
child _____.

FORMER SCHOOL INFORMATION

School last attended: _____ Grade: _____

Teacher: _____ Address: _____

Phone: _____ Favorite School Subject: _____

(To ensure proper registration of your child, please make certain that you include complete address for previous school and have sent to FCS all necessary records)

PARENT INFORMATION

Father: _____ E-mail: _____
Last First MI

Mother: _____ E-mail: _____
Last First MI

Marital Status: _____ Parent/guardian with whom child lives: _____

Non-Custodial Parent's Address: _____
Street City State ZIP Phone

OFFICE USE:

Registration Packet Complete: ___/___/___ Registration Fee Paid: ___/___/___ Amt \$ _____

Interview: ___/___/___ Interviewer's Initials: _____

Notification of Enrollment: ___/___/___ Assigned Grade: _____

Comments:

PARENT INFORMATION, CONTINUED

Employer (mother): _____
Company Name Street City State Phone #

Employer (father): _____
Company Name Street City State Phone #

Person responsible for payments: _____
Last First MI Phone #

Address (if different from parent): _____
Street City State ZIP

Church/Religious Affiliation: (if none, leave blank) _____

How did you learn about Fairview Christian School? _____

Have you or will you be applying at any other school? _____

PICKUP AND EMERGENCY AUTHORIZATION

PERSONS PERMITTED TO REMOVE CHILD AND TO BE CONTACTED IN CASE OF EMERGENCY SITUATION OTHER THAN PARENT(S) (or authorized parent when there is a custody problem). List persons in the order that they should be called when there is an emergency situation and parents are not able to be reached.

PLEASE NOTE: NOTIFICATION BY PARENTS MUST BE GIVEN IN CASE SOMEONE OTHER THAN LISTED PERSONS WILL BE PICKING UP THE CHILD!

1. Name _____ Phone #'s _____ / _____
Last First Home Work / Cell

Address _____ Relationship to child _____
Street City ZIP

2. Name _____ Phone #'s _____ / _____
Last First Home Work / Cell

Address _____ Relationship to child _____
Street City ZIP

3. Name _____ Phone #'s _____ / _____
Last First Home Work / Cell

Address _____ Relationship to child _____
Street City ZIP

4. Name _____ Phone #'s _____ / _____
Last First Home Work / Cell

Address _____ Relationship to child _____
Street City ZIP

Doctor _____ Phone _____

Address _____ Preferred Hospital _____
Street City

Medical Insurance Co. _____ Policy # _____

In the event of an emergency, I hereby give Fairview Christian School permission to give emergency treatment and/or transport for treatment by a licensed physician at a hospital if necessary. In the event that I cannot be contacted, I further consent to the medical, surgical and hospital care to be performed for my child by a licensed physician or hospital when deemed immediately necessary by the physician to safeguard my child's health.

Parent/Guardian Signature

Date



PERSONAL REFERENCE

Shaded area to be completed by registering family:

_____		_____	
Parent/Guardian Name	Name of Student		
_____			_____
Street			Phone #
_____	_____	_____	_____
City	State	ZIP	Preschool Group/Grade to Enter

To be completed by someone other than a family member i.e., pastor, friend

How long have you known this child? _____

In what capacity? _____

This child is registering for enrollment at Fairview Christian School in the preschool group or grade identified above. Please provide us with the following information to the best of your knowledge.

1. What characteristics would allow for this child's successful experience in school?

2. What characteristics might cause difficulty of which a teacher should be aware?

3. What does this child enjoy doing?

4. Does this child have responsibilities inside or outside the home? What are they?

5. What motivates this child to do his best?

6. Describe the child's spiritual background?

7. Please provide additional comments that you feel would be helpful.

Name: _____ Phone : _____

Thank you for taking the time to complete this form.

Please complete and return to:

FAIRVIEW CHRISTIAN SCHOOL
C/O ADMISSIONS DEPT.
844 NE 78th STREET
SEATTLE, WASHINGTON 98115
T 206.526.0762
F 206.526.0763
admissions@fcsseattle.org
www.fcsseattle.org



TEACHER REFERENCE

To be completed by the child's teacher:

Shaded area to be completed by registering family:

Parent/Guardian Name		Name of Student	
Street		Phone #	
City	State	ZIP	Preschool Group/Grade to Enter

How long have you known this child? _____

In what capacity? _____

This child is registering for enrollment at Fairview Christian School in the preschool group or grade identified above. Please provide us with the following information to the best of your knowledge.

1. What characteristics would allow for this child's successful experience in school?

2. What characteristics might cause difficulty of which a teacher should be aware?

3. What does this child enjoy doing?

4. Does this child have responsibilities inside or outside the home? What are they?

(over please)

5. What motivates this child to do his best?

6. Describe the child's spiritual background?

7. Please provide additional comments that you feel would be helpful.

Name: _____

Phone : _____

Thank you for taking the time to complete this form.

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HEALTH INFORMATION

Child's Name _____ Home Phone _____
Last First Middle

Doctor _____ Office Phone _____
Last First

Doctor's Address _____
Street City State Zip

Date of last physical examination: ____/____/____

	Good	Poor	(if poor, please explain)
Vision	_____	_____	_____
Hearing	_____	_____	_____
Speech	_____	_____	_____
Respiratory	_____	_____	_____

Any other conditions that the School should be made aware? _____

Allergies _____

Injuries _____

Operations _____

Any limitations to child's physical activities? _____

Please note the approximate date when the child has contracted the following diseases:

Mumps _____ Chicken Pox _____

Measles _____ Rubella _____

Ear infections _____ Rheumatic Fever _____

Any other diseases? _____

To the best of my knowledge, the information provided above is correct. It is my judgment that my child's health is sufficiently good to allow for a successful experience in school.

Parent Signature _____ / ____ / ____
Date



DISABILITY/ACCOMMODATION NEED DISCLOSURE

Student's Name: _____ Birth Date: _____

Date of expected entry into Fairview Christian School: _____

Expected grade placement _____

Previous grade completed/placed _____ as of _____ (date)

1. Has this student ever been diagnosed with:

Learning Disability	Yes	No
Visual Disability	Yes	No
Hearing Disability	Yes	No
Behavioral Disability	Yes	No
Physical Disability	Yes	No

2. If the answer to any of the above is "yes", please complete the remainder of this form:

A. Identify the diagnosed disability here: _____

B. List here the accommodations recommended with the diagnosis and attach to this sheet all the testing results/diagnostic information you have received.

C. What was the date of the latest testing? _____

D. If you do not have the diagnostic information, where can it be obtained? _____

E. What previous accommodations has this student received?

With the understanding that Fairview does not presently have a special education program, please indicate on the back of this sheet how do you feel Fairview can best help this student?

Signature: _____ / _____ / _____
Parent/Guardian Date