

# Faith Baptist Christian Academy

*Excellence in Education*

12 S. McDonald St. / PO Box 100

Ludowici, GA 31316

Telephone: (912) 545-9136 Fax: (912) 545-3157

[www.faithbaptistchristianacademy.com](http://www.faithbaptistchristianacademy.com)

## International Students Tuition, Fees & Required Documents

Tuition, Registration and Application Fees (All fees are non-refundable)	
Application Fee	\$500
Uniform Fee	\$350
International Student Tuition	\$4,500
Dormitory Fee (Room and Board)	\$7,500
Total	\$12,850.00

### Checklist for Required Documents

- \_ 1 - Completed Application, required attachments and fees
- \_ 2 - Birth Certificate – Family Census acceptable (English Translated Required)
- \_ 3 - School Transcripts – minimum two years (English Translated Required)
- \_ 4 - Passport Copy (must be valid)
- \_ 5 - Visa Copy (must be valid – this will not be required prior to entrance to the U.S.)
- \_ 6 - I-94 Copy (proof of entrance to the U.S.) – if the student is in the U.S.
- \_ 7 - Current I-20 – for transfer students only
- \_ 8 - Current Immunizations (must be submitted prior to first day of school)
- \_ 9 - Proof of Medical Insurance (required)



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## International Student Application

**One form must be completed per student.**

### Student Information

Date: \_\_\_\_\_ Start Date: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: M / F

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

English name (if applicable) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

### Father Information

Father's Name: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Address same as above? Y / N

Address: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### Mother Information

Mother's Name: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Address same as above? Y / N

Address: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Student lives with: \_\_\_ Mother/Father \_\_\_ Mother/Stepfather \_\_\_ Father/Stepmother \_\_\_ Mother \_\_\_ Father \_\_\_ Other \_\_\_\_\_

### Person Financially Responsible

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Full Address: \_\_\_\_\_

Email Address for Billing Purposes: \_\_\_\_\_

### Carpool / Pick-Up Authorization

I give permission for the following people to pick my student(s) up from school:

\_\_\_\_\_



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## Emergency Contact Information

While a student at Faith Baptist Christian Academy, student will be living with (check one):

☐ Host Family    ☐ Legal Guardian    ☐ Relative    ☐ Parent    ☐ Dormitory

### Contact Information for person checked above:

Name: \_\_\_\_\_ Daytime Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Agency Name (If applicable): \_\_\_\_\_ Name of Agent: \_\_\_\_\_

Emergency Phone Number: \_\_\_\_\_

## Medical / Allergy Information

Does the student have any medical conditions or allergies (please list)? \_\_\_\_\_

\_\_\_\_\_

If yes, is it life threatening? \_\_\_\_\_

If yes, list instructions for treatment: \_\_\_\_\_

\_\_\_\_\_

Will child need to keep a Personal Epi-Pen on site? ☐ Yes / ☐ No

## Parental Release for the Administration of Medication By School Personnel

Administering medication at school is a service/accommodation which the school is not legally required to perform. By signing this form, I agree to hold the school and its employees free from any responsibility and liability including but not limited to negligence regarding the medication and the manner in which it was administered and to indemnify each of them against loss by reason of any civil judgment arising out of these arrangements which may be rendered against them. I also release FBCA from all liability for drug reactions that my child may suffer from this medication.

### Over-the Counter Medications

I give permission for the staff of FBCA to administer the following over-the-counter medications as needed:

☐ Tylenol    ☐ Ibuprofen/Advil    ☐ Benadryl

### Prescription Medications

I give permission for the staff of FBCA to administer the following prescription medication as directed by a physician (prescription medication must be in original pharmacy container and labeled with child's name and physician's instructions):

Medication: \_\_\_\_\_ Dose: \_\_\_\_\_ Time to be administered: \_\_\_\_\_

Dispensing & Storage Information: \_\_\_\_\_ Possible Side Effects: \_\_\_\_\_

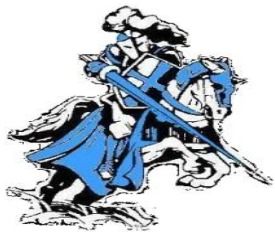
I/ we declare that all the information given is true and correct.

\_\_\_\_\_  
Father's / Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother's / Guardian's Signature

\_\_\_\_\_  
Date



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## Statement of Faith

### **FBCA BELIEVES:**

There is One Eternal, Almighty and Perfect God in Three Persons; The Father, Son, and Holy Spirit.

*John 1:1-18, 4:24, 14:11-12*

The Bible is The Inspired, The Only Infallible, and Authoritative Word of God.

*Hebrews 4:12, 2 Timothy 3:16, 2 Peter 1:20-21, Isaiah 40:8*

In the Deity of our Lord Jesus Christ, in His virgin birth, in His sinless life, in His miracles, in His Atoning death on the cross through His shed blood, in His bodily resurrection on the third day, in His ascension to the right hand of the Father, in His return to earth to raise the dead, judge the world, and establish His Glorious Kingdom.

*Luke 1:26-28, 23:69, 44-49, 24:8, John 1:1-4, 14, 3:16, 1 Corinthians 15:3-8, Act 1:10-11, Revelation 22:7, 21:1-4*

Salvation and the forgiveness of sins are based on God's redeeming Grace and through the shed Blood of Jesus on the Cross.

*John 3:16, Ephesians 1:7*

Mankind was created in God's image and exists to Glorify God.

*Genesis 1:26, 27, Isaiah 43: 7*

The Holy Spirit lives in every Christian from the moment of salvation. He provides the Christian with power for living, understanding of spiritual truths, and guides the Christian on a daily basis.

*Romans 8: 26, 27, Galatians 5:16-25*

In the spiritual unity of believers in our Lord Jesus Christ.

*Romans 8:9, 1 Corinthians 12:12, 13, Galatians 3:26-28*

The Bible teaches that baptism (immersion) is essential to Christian living.

*Acts 2:38, Romans 6:1-7, Galatians 3:26, 27*

The saved will spend eternity with the Lord and the lost will receive eternal condemnation.

*Revelation 20:11-15 and 22:3-5*

Your signature below grants Faith Baptist Christian Academy permission to teach your child these Biblical Truths.

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Student Name(s)

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Parent's Signature

---

Date



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## Family Commitment

Please read the following statement carefully and sign below to indicate your agreement to the following:

- I hereby commit that I will pay all my financial obligations to Faith Baptist Christian Academy before the specified deadlines.
- I give permission for my child(ren) to participate in all school activities, including sports and school sponsored trips away from the school campus.
- With or without notice, should I withdraw my child(ren) I forfeit any tuition, materials or family assessments that have been paid up to the time of withdrawal.
- I understand that the school reserves the right to use disciplinary measures that are deemed necessary, even expulsion, if my child(ren) fails to comply with the established regulations and policies and/or whose financial obligation remains unpaid after the deadline for payment.
- I understand that my child(ren), as new students to Faith Baptist Christian Academy will automatically be placed on a minimum 45 day probationary period.
- I commit to uphold and support all the spiritual, academic, behavioral and financial standards and policies set forth by the Board of Trustees of Faith Baptist Christian Academy.

I have read the statement above and agree to them.

---

Student Name(s)

---

Parent's Signature

---

Date



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## Parental Permission and Medical Consent with Liability Release

The undersigned(s) being the lawful parent(s) and/or guardian of the above child (the "Child"), hereby consents to the participation by the Child in any school sponsored activity conducted by Faith Baptist Christian Academy and to the participation of the Child in all events relating to the activity.

The undersigned hereby further authorize(s) any of the staff, employees, agents and representatives of Faith Baptist Christian Academy to provide for, approve and authorize any health care at any hospital, emergency room, doctor's office or other institution; employ any physicians, dentists, nurses, or other person whose services may be needed for such health care; review and if necessary disclose the contents of any medical records; execute any consent form required by medical, dental or other health authorities incident to the provision of medical, surgical or dental care to the child. Health care shall include but not be limited to the administration of anesthesia, X-ray examination, performance of operations, diagnostic and other procedures.

If there is no medical emergency, the guardian will first use reasonable efforts to contact the parent(s) and/or guardian(s) before administering or authorizing any treatment.

Notwithstanding other provisions in this Consent Form, Faith Baptist Christian Academy shall not have the authority to withhold or withdraw life-sustaining procedures for the Child.

The undersigned assume(s) all risk of injury or harm to the Child associated with participation in the Activity and agree(s) to releases, indemnify, defend and forever discharge Faith Baptist Christian Academy and its staff, employees and agents (collectively the "Organizer") of and from all liability, claims, demands, damages, costs, expenses, actions and causes of action (collectively the Claims") in respect of death, injury, loss or damage to the Child, howsoever caused, arising or to arise by reason of or during the Child's participation in the Activity.

This Consent Form may be revoked at any time with written notice to Faith Baptist Christian Academy.

Student(s')Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_



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## Photo/Media Release Form

I grant permission to Faith Baptist Christian Academy to use photographs, video, audio recordings, and/or textual material created for use in school publications, including web sites or other electronic forms of media.

I hereby waive any right to inspect or approve the photographs, publications, electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the photographs.

I hereby agree to release and hold harmless Faith Baptist Christian Academy from and against any claims, damages or liability arising from or related to the use of the photographs or other media.

I have read this Informed Consent and Release and understand its terms. I sign it voluntarily and with full knowledge of its significance.

---

Student Name(s)

---

Parent's Signature

---

Date



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## Parent's Liability Agreement For Off-Campus Activities

"I, (Parent) \_\_\_\_\_, give (Student) \_\_\_\_\_  
permission to go off campus for approved activities that have been cleared by the Pastor for  
the current school year."

**\*\*This form is for ALL International & Boarding Students\*\***

Parents: in completing the following statement, please circle the appropriate YES or NO:

**YES or NO** "I release Faith Baptist Christian Academy of all liability from the time my  
student leaves campus for activities until my student returns from off campus activities."

**YES or NO** "I give permission and accept liability for my student to ride with another  
student driver off campus for activities."

In completing the Parent's Liability Agreement for Off- Campus Activities, I will assume the  
responsibility of making my wishes known to my student AND accept the liability if my  
student does not abide by my wishes in the above statements.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_

## Student's Agreement For Off-Campus Activities

In signing this agreement, I acknowledge my parent's wishes and agree to abide by the  
above statements. I accept full responsibility as to the consequences at Faith Baptist  
Christian Academy if I do not abide by their wishes. I also understand that my parents  
assume the liability for myself and any other student that I am with when I do not abide by  
the above statements. I also agree to clear all off-campus activities with the Pastor before  
participating in them and to abide by any and all rules/curfews in place at FBCA.

Student's Signature: \_\_\_\_\_  
Date: \_\_\_\_\_





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## Student Driver Form

Student's Name: \_\_\_\_\_

Driver's License # : \_\_\_\_\_

Name of Insurance Co.: \_\_\_\_\_

Policy # : \_\_\_\_\_

Vehicle I.D. # : \_\_\_\_\_

Vehicle Description (1) - Make & Model: \_\_\_\_\_

Color: \_\_\_\_\_

License Plate #: \_\_\_\_\_

Vehicle Description (2) - Make & Model: \_\_\_\_\_

Color: \_\_\_\_\_

License Plate #: \_\_\_\_\_

I give my permission for my child to drive to and from school. My child and I agree to abide by the guidelines set forth in the student handbook, as well as the commonly accepted "rules of the road." I have instructed my child that driving to school is a privilege and that he/she must not give unapproved rides to other students nor leave campus without approval from the school office.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

- This form must be signed by the student and his/her parents/guardians.
- Upon arrival at school, students' cars are to be locked and keys may be left at the office if needed.
- A copy of the student's drivers license and proof of insurance must accompany this form.