

APPLICATION FOR ADMISSION

FRANKLIN ROAD CHRISTIAN SCHOOL
40800 WEST THIRTEEN MILE ROAD, NOVI, MICHIGAN 48377 (248) 668-7100

PLEASE TYPE OR PRINT NEATLY IN INK
GENERAL STUDENT INFORMATION
processed

*Please note that ALL items need to be enclosed before the application is

Last Name		First Name		Middle Name		Application Checklist*		Attach Student's Photo Here
Address			City		Zip Code		<input type="checkbox"/> All application questions completed <input type="checkbox"/> Application fee enclosed <input type="checkbox"/> Pastoral letter of reference attached <input type="checkbox"/> Teacher letter of reference attached (grades K-12) <input type="checkbox"/> Copy of birth certificate attached (kindergarten applicants) <input type="checkbox"/> Last report card & high school transcripts <input type="checkbox"/> Standardized test scores attached <input type="checkbox"/> Immunization record/health record	
Home Telephone: ()		Social Security Number			<input type="checkbox"/> Male <input type="checkbox"/> Female			
Birthdate		Age		Place of Birth (City, State or Country if not U.S.A.)				
Ethnicity (voluntary and confidential; for reporting obligations): <input type="checkbox"/> American Indian <input type="checkbox"/> Hispanic <input type="checkbox"/> Black Non-Hispanic <input type="checkbox"/> White Non-Hispanic <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Other ()								
Public school district:		Admission date desired:		Applying for which grade:				

STUDENT'S EDUCATIONAL HISTORY

Last School Attended		Last Grade Completed	Dates Attended	Has the student repeated any grades? If so, please explain.
Address			Phone	
City		State	Zip Code	Has the student had any disciplinary difficulty in school? If so, please explain.
Previous School		State	Dates	
Previous School		State	Dates	Has the student ever had difficulty with civil authorities? If so, please explain.
Have you ever <i>voluntarily withdrawn</i> from any school prior to a disciplinary action, suspension, or expulsion? <input type="checkbox"/> yes <input type="checkbox"/> no				
Do you have an outstanding tuition balance at another school? <input type="checkbox"/> yes <input type="checkbox"/> no				

STUDENT'S MEDICAL HISTORY

Does the student have any chronic illnesses? (asthma, diabetes, allergies, etc.)	
What medication, if any, does the student receive?	Reason for medication:
Please describe any physical challenges your child has:	
Please describe any special learning challenges your child has:	

FOR OFFICE USE ONLY

APPLICATION FEE TESTING FEE ACCEPTED YES NO LETTER SENT WITHDREW
 DATE _____ DATE _____ DATE _____ DATE _____

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40800 WEST THIRTEEN MILE ROAD, NOVI, MICHIGAN 48377 (248) 668-7100

GENERAL FAMILY INFORMATION

Student lives with: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Stepfather	<input type="checkbox"/> Stepmother <input type="checkbox"/> Grandparent <input type="checkbox"/> Other _____	Sibling's name	<input type="checkbox"/> Male <input type="checkbox"/> Female	Birthdate	Sibling's name	<input type="checkbox"/> Male <input type="checkbox"/> Female	Birthdate
		Sibling's name	<input type="checkbox"/> Male <input type="checkbox"/> Female	Birthdate	Sibling's name	<input type="checkbox"/> Male <input type="checkbox"/> Female	Birthdate
		Sibling's name	<input type="checkbox"/> Male <input type="checkbox"/> Female	Birthdate	Sibling's name	<input type="checkbox"/> Male <input type="checkbox"/> Female	Birthdate
<u>Father's name</u>		Years of High School		Years of College		Degrees	
Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Dr. <input type="checkbox"/> Rev.		Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Remarried			Email Address:		
Occupation		Place of Employment		Business Phone: () Cell Phone: ()			
<u>Mother's name</u>		Years of High School		Years of College		Degrees	
Title: <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Rev.		Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Remarried			Email Address:		
Occupation		Place of Employment		Business Phone: () Cell Phone: ()			
<u>Stepfather's name</u>		Years of High School		Years of College		Degrees	
Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Dr. <input type="checkbox"/> Rev.		Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Remarried			Email Address:		
Occupation		Place of Employment		Business Phone: () Cell Phone: ()			
<u>Stepmother's name</u>		Years of High School		Years of College		Degrees	
Title: <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Rev.		Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Remarried			Email Address:		
Occupation		Place of Employment		Business Phone: () Cell Phone: ()			
<u>Guardian's name</u>		Years of High School		Years of College		Degrees	
Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Rev.		Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Remarried			Email Address:		
Occupation		Place of Employment		Business Phone: () Cell Phone: ()			
Do any family members have any hobbies, skills, or interests they would be willing to share with a class?							

FAMILY RELIGIOUS BACKGROUND

FRCS asks that one parent be a committed Christian. Please tell us which of the following members of your family have accepted Jesus as their personal savior: <input type="checkbox"/> father <input type="checkbox"/> mother <input type="checkbox"/> stepfather <input type="checkbox"/> stepmother <input type="checkbox"/> grandparent <input type="checkbox"/> student			
Is the student's lifestyle in keeping with the Christian faith? <input type="checkbox"/> yes <input type="checkbox"/> no		How often does the student attend church? <input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> occasionally	
Does the student smoke or use drugs or alcohol? <input type="checkbox"/> yes <input type="checkbox"/> no		How long have you attended?	
Are you a member of Brightmoor Christian Church? <input type="checkbox"/> yes <input type="checkbox"/> no		Home church:	
Denomination:	Address	City	Zip Code
Please list the church activities the following family members are involved in: (worship service, Sunday school, choir, etc.) Student:			
Father		Stepfather	
Mother		Stepmother	

GENERAL INFORMATION

Why are you interested in sending your student to FRCS?	
What are you seeking for your child's education?	
Have you been satisfied with your child's education until now? If not, in what areas do you desire improvement?	
What are your reasons for choosing a Christian school?	
Give us a brief description of your child.	
Describe your child as a student.	
Would you like your name included on the FRCS car pool list? <input type="checkbox"/> yes <input type="checkbox"/> no	How did you first learn about FRCS?

MISSION STATEMENT

Franklin Road Christian School, in partnership with the family, seeks to provide the highest quality education, in the context of the Christian faith, so that students become fully devoted followers of Christ Jesus, living lives of leadership and service.

DOCTRINAL BELIEFS

This statement reflects the beliefs of Brightmoor Christian Church and Franklin Road Christian School. While FRCS welcomes students and faculty from other denominations and teaches common beliefs of historic Christianity in a nondenominational environment, those joining our learning community should understand the doctrinal stance of the church and school.

We believe in the Scriptures of the Old and New Testaments as verbally inspired of God, inerrant in the original writings, and of supreme and final authority in faith and life.

We believe in one God, eternally existing in three persons: Father, Son, and Holy Spirit.

We believe that Jesus Christ was begotten by the Holy Spirit, and born of the Virgin Mary, and is true God and true man.

We believe man was created good and upright. However, man willfully sinned and thereby was subjected not only to physical death but also spiritual death, which is separation from God.

We believe Jesus Christ died for our sins as a representative and substitutionary sacrifice; all who believe in Him are justified on the ground of His shed blood.

We believe deliverance from sickness is provided for in the atonement and is the privilege of all believers.

We believe in "that blessed hope," the personal, premillennial and imminent return of our Lord and Savior, Jesus Christ.

We believe that all who receive by faith the Lord Jesus Christ are born again of the Holy Spirit and thereby become children of God.

We believe in the bodily resurrection of the just and the unjust, the everlasting blessedness of the saved, and the everlasting, conscious punishment of the lost.

We believe all Christians are entitled to and should seek the baptism in the Holy Spirit, with the initial physical sign of speaking with other tongues.

We believe that the local church is a body of baptized (immersed) believers organized for worship, work, and fellowship; that the two ordinances of the church are baptism (immersion) and the Lord's Supper; that the local church is an independent and self-governing body responsible alone to Christ who is its Savior and Lord.

POLICY OF NON-DISCRIMINATION

Franklin Road Christian School admits students of any race, color, national, or ethnic origin to all the rights, privileges, programs, and activities generally made available to all students at the school. It does not discriminate on the basis of race, color, national or ethnic origin in administration of its educational, admission, scholarship, loan, athletic or other programs.

I CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. IF ACCEPTED FOR ENROLLMENT, I AGREE TO OBSERVE ALL THE RULES OF FRANKLIN ROAD CHRISTIAN SCHOOL. I HAVE READ THE DOCTRINAL STATEMENT AND UNDERSTAND THAT FRANKLIN ROAD CHRISTIAN SCHOOL SEEKS TO ASSIST STUDENTS IN GROWING IN WISDOM IN THE PRESENCE OF GOD.

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____

STUDENT SIGNATURE _____ **DATE** _____

ADMISSIONS AND GENERAL INFORMATION

Open Houses are held in the fall and spring during the school day so you may tour the facilities, meet teachers and students, and visit classrooms in action. You will have a chance to meet the administrators and ask questions. Individual tours and classroom visits with our principal are also available, scheduled for Thursday mornings. Please call for an appointment.

Applications

Applications are accepted at any time. New student testing and open enrollment for the fall begins on February 1. An application must be complete with the following items:

- FRCS application form
- Birth certificate for kindergarten applicants
- Most recent report card, transcripts, and standardized test scores
- Pastoral letter of reference
- Letter of reference from a teacher
- Application fee of \$85.00 per student (refundable if

an invitation to test is not extended)

- Immunization/Health record

Entrance Testing

Once the application materials have been submitted, the application file will be reviewed. Applicants considered for acceptance will be invited to schedule a testing date and interview. The testing fee is \$160.00 (non-refundable). This testing allows us to determine the placement that will best meet your child's needs. The exam includes general school aptitude and achievement in math and reading as well as a writing evaluation. Personnel from the counseling office will inform you of your students testing date.

Acceptance

Parents will be notified of acceptance or non-acceptance in writing. An information packet will be sent with an acceptance agreement as well as medical and emergency information forms that must be returned to the school office by the date specified. These forms must be returned

by the specified date. The first tuition payment (nonrefundable) must be paid within two weeks of acceptance and will reserve the student's seat.

School Hours

THE SCHOOL DAY IS FROM 8:00 A.M. TO 3:00 P.M. AND FROM 8:00 TO 2:00 P.M. ON WEDNESDAYS.

Latch Key / Study Hall

Before and after school care is available for elementary as well as a study hall for middle and high school students. Please contact the office for information that includes guidelines and fees.

TRANSPORTATION

A car pool list is published at the beginning of the school year so families may coordinate transportation from all over metropolitan Detroit.

Dress Code

Students are required to wear the approved school uniform. Consult the student handbook or call the office for ordering information.

PARENTAL OBLIGATIONS

Parents are required to provide twenty hours of volunteer service to the school (ten hours for single parent families). Hours not served will be billed to the student account after May 15 at the rate of \$10.00 per hour. In addition, there is a \$100.00 charge if the family doesn't serve at least one hour helping with a fundraiser. Fundraising hours include helping with SCRIP, Box Top, Tyson Labels, Masters Classic and the Auction.

Parents are expected to attend the new parent orientation at the beginning of their first year and each fall classroom orientation as well as parent-teacher- student conferences.

PASTORAL LETTER OF REFERENCE

FRANKLIN ROAD CHRISTIAN SCHOOL
 40800 West Thirteen Mile Road, Novi, MI 48377-2327
 Secondary (248) 668-7100 Elementary (248) 668-7105 Fax (248) 668-7101

Please print or type. (Parent should complete the boxed section and give form to pastor.)

Applicant's Name		Name(s) of Parent(s)	Phone	
Address		City	State	Zip Code
Name of church		Pastor completing this application		
Church Address	Phone	City	State	Zip Code

TO THE PASTOR: The family mentioned above has selected you as a church reference. Your recommendation is highly valued to us as we consider this applicant for admission. Thank you for sharing your insight into the spiritual life of this family. The information you give will be kept confidential.

How long have you known the applicant? _____ Does the applicant attend church regularly? _____

To the best of your knowledge, has the applicant made a meaningful commitment to Jesus Christ? _____

To the best of your knowledge, are the applicant and family living a consistent Christian life? _____

To what extent have you had the opportunity to observe his/ her church life? _____

Is the parent / guardian of the applicant actively involved in church service activities? To what extent? _____

Have you ever known the applicant to use intoxicating beverages, tobacco, or illegal drugs? ____ If yes, please explain with a separate statement.

To what extent do you recommend this applicant? Enthusiastically _____ Willingly _____ Questionably _____ Not at all _____

OPTIONAL: Please attach additional information or comments about the student applicant if you so desire.

Signature of pastor: _____ Date: _____

Teacher Reference

FRANKLIN ROAD CHRISTIAN SCHOOL
 40800 West Thirteen Mile Road, Novi, MI 48377-2327
 Secondary (248) 668-7100 Elementary (248) 668-7105 Fax (248) 668-7101

Students applying to grades 1-12: Please print or type. Student or parent should complete the boxed section and give form to teacher.

Applicant's Name		Name(s) of Parent(s)	Phone	
Address		City	State	Zip Code
Name of school		Teacher completing this application		Subject taught
School Address	Phone	City	State	Zip Code

To the teacher: Your recommendation is highly valuable to us as we consider this applicant for admission. Thank you for sharing your insight. The information you give will be kept confidential. Please attach additional information or comments about the applicant if you so desire.

How long have you known the applicant? _____ What years and grade levels did you teach this student? _____

What are the strengths of the applicant? How might the applicant be an asset to a class or student body? _____

Does the student have difficulties with behavior or academics? _____

What are some areas of growth the student should work to improve? _____

Is the parent/guardian of the applicant supportive of school work and responsible behavior? _____

What level of coursework would you recommend for this student? Remedial _____ Standard _____ Advanced _____

To what extent do you recommend this applicant? Enthusiastically _____ Willingly _____ Questionably _____ Not at all _____

Signature of teacher: _____

Date: _____