

Dear Visiting Family,

For 30 years, United Faith Christian Academy (UFCA) has partnered with parents to educate and nurture the heart, soul, mind and body of every student. We strive to inspire students to be leaders, thinkers and Christians who are confident in their faith. It is my pleasure to introduce you to the admissions process and make this a positive experience for your family as you consider Christ-centered, college preparatory education for your child(ren).

United Faith Christian Academy holds ACTS and AdvancEd (SACS-CASI) accreditation meaning the academic and spiritual education your child receives at UFCA is the highest caliber. We offer a smaller school environment, a qualified faculty and curriculum presented from a biblical worldview. We have four areas of emphasis: Academics, Athletics, Fine Arts, Spiritual Development and Servant Leadership.

As we begin the admissions process, don't hesitate to contact me. I can be reached at 704-541-1742 x203 or admissions@ufca.org. Please explore our website at www.ufca.org for more information or attend social events to get a feel for our community. It's my privilege to share with you how your family may become a part of our "Falcon" family. May our Lord and Savior, Jesus Christ, bless you and your family always.

In Christ,

T Bronson

Tonya Bronson
Admissions Director



United Faith Christian Academy
Christ-centered, College Prep School

8617 Providence Road, Charlotte, NC 28277
Phone: 704-541-1742 x203 • Fax: 704-540-7926
Email: admissions@ufca.org

2016-2017 NEW STUDENT (TK-12th Grade) ENROLLMENT APPLICATION

Please submit completed Application, Teacher and Administrator Recommendation Forms, and Application Fee to the Office of Admissions for processing. Applications will not be processed until Application Fee (\$150) has been paid and ALL forms submitted.

Legal Name _____
Last First Middle Preferred

Address _____ City _____ State _____ Zip _____

Date of Birth _____ Gender _____ Student Cell # _____ Grade Entering _____

FAMILY INFORMATION (please print clearly in black or blue ink)

Father or Male Guardian

Mother or Female Guardian

Name (Dr./Mr./Rev.) _____

Name (Dr./Mrs./Ms.) _____

Home Address _____

Home Address _____

City/State/Zip _____

City/State/Zip _____

Cell _____ Home _____

Cell _____ Home _____

Email _____

Email _____

Church Attending _____

Church Attending _____

Applicant resides with (check one): Father and Mother Father and Step-Mother Step-Father and Mother
 Father only Mother only Guardian (specify relationship to child): _____

If parents are separated or divorced, which parent has legal responsibility for: School-related decisions _____

School fees/tuition _____ Receiving school communications _____

EDUCATIONAL INFORMATION

Student's Current School _____ Address _____ City _____ State _____ Zip _____

Phone Number _____ Fax Number _____ Grade _____

Has student ever applied to or attended UFCA? Yes No (If yes, please attach an explanation.)

Has student ever skipped a grade? Yes No (If yes, what grade was skipped?) _____

Has the student ever been tested for a gifted program? Yes No

Has student ever been retained? Yes No (If yes, what grade was repeated?) _____

Has the student ever been diagnosed by a qualified professional to have a medical or emotional condition? Yes No If yes, describe and attach a copy of the formal diagnosis: _____

Medication Required _____ Dosage _____ Time Given _____ Monitored by Dr. _____

EDUCATIONAL INFORMATION (cont'd)

Has the student ever been tested for a learning disability? Yes No

Has the student ever received any of the following: ___ Accommodation Plan ___ IEP (Individual Education Plan) ___ 504 Plan
(Please attach copies of any plans and assessment).

Has the student ever been suspended? Yes No Expelled? Yes No Asked to withdraw? Yes No

If yes to any of the above, please explain: _____

Has the student ever been treated for drug or alcohol abuse? Yes No

Has the student ever been arrested, charged, or convicted of a misdemeanor or felony? Yes No

Conditions of Application: I would like my child to complete the full school year at United Faith Christian Academy. By signing this application, I agree to and understand the provisions below.

1. I agree to fully comply with the rules and policies outlined in the UFCA Family Handbook. I will adhere to and support the policies of UFCA (including any revisions) without reservation. I understand and will see that our children who are enrolled at UFCA adhere to the appearance policies, student code of conduct, athletic code of conduct, and general policies of United Faith Christian Academy. I understand that it is my responsibility as the parent or legal guardian to ensure daily transportation to and from school. I will provide to the school in advance, written consent should I have someone other than myself provide transportation of my child.
2. **Current Students:** All fees must be current to re-enroll. I agree to pay tuition in full or via a payment plan ending by May 31, 2017. If I withdraw my child prior to August 1, 2016, I agree to pay the \$500 withdrawal fee. Families that withdraw their child on or after August 1, 2016 are responsible for tuition for the quarter which they withdraw in addition to the \$500 withdrawal fee. (From the 1st of August through the end of the 1st marking period = ¼ tuition due, 2nd marking period = ½ tuition due, 3rd marking period = ¾ tuition due, during the 4th marking period = full year's tuition).
3. **New Students Only:** I agree to pay the (non-refundable) application fee at the time of application. Once a student is accepted, I agree to pay the one-time new family fee in addition to tuition in full or via a payment plan ending by May 31, 2017. The withdrawal fees for new students on or after August 1, 2016 are the same as returning students referenced above.
4. **International Students Only:** Families of our International Students understand that there are fees charged in addition to UFCA tuition. International Student Fees allow UFCA to provide high quality education services for each of our International Students.
5. **Learning Support Students Only:** Families of students who need educational support through the UFCA Learning Support Program understand that there will be additional charges for this program. Learning Support Fees allow UFCA to provide educational support for each of our Learning Support Students.
6. Should any legal action for any reason be taken against UFCA, or any employee or agent thereof on my child's behalf, and the school or its agent not be found at fault, I agree to pay any attorney fees, court fees, damages, and other costs that UFCA or its agent should incur to defend itself against such action.
7. A fee of \$30.00 will be charged to your account for all NSF drafts or checks. A late fee of \$35/month will be assessed to all accounts not current by the 15th of each month. Report cards, transcripts, and diplomas shall not be issued until all financial obligations have been satisfied.
8. The Internet offers a vast array of information providing unprecedented educational opportunities. I give my permission for my child to use the Internet in classroom settings and search for information on secure and acceptable user sites.
9. Contact information is published in our school's family directory and is for the use of enrolled families only. Photos and videos containing your child's picture may be used for school promotional purposes.
10. **Non-Discrimination Policy:** United Faith Christian Academy admits students without regard for race, color, ethnic or national origin and entitles all students to the rights and privileges, programs and activities made available to students at the school. Students are admitted, however, based on their desire for a Christ-centered education and with the understanding that all Christian Standards of the school be upheld. Students are expected to sign a code of conduct at the beginning of the year and to abide by all of the criteria there in.

I/we certify that I/we have read and understand all of the information on this application. The information I/we have provided is correct.

Father/Guardian Signature Date

Mother/Guardian Signature Date

Student Signature (required for grades 6-12) Date

FOR OFFICE USE ONLY:		
	<u>Amt.</u>	<u>V/MC</u>
Application fee (\$150) Paid upon application	_____	_____
New Family fee (\$500) Paid upon acceptance	_____	_____
All fees are non-refundable		
Date Application Received:	_____	Initials: _____



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Teacher Recommendation Form (2016-2017)
for Applicants 1st – 12th Grades

Teacher: Your recommendation is highly valued as we consider this applicant for admissions to United Faith Christian Academy. We ask you complete this form carefully and return it directly to Tonya Bronson, Admissions Director by mail, fax, or scan and send via email.

Name of Student: _____ Applying for Grade: _____

Please rate this student on the scale below as it relates to each category.

Categories	Favorable	Unfavorable
Conduct		
Consideration for others		
Relationship with peers		
Relationship with adults		
Emotional maturity		
Self-confidence		
Honesty		
Motivation to learn		
Ability to work in a group		
Ability to work independently		
Class preparation		
Academic achievement		
Student is in good standing and eligible to re-enter your school at the next grade level (Please circle.)	Yes	No
• For applicants from a Christian school only:		
Spiritual maturity		
Bible knowledge		
Applies faith in daily living		

Please rate the student concerning the following categories.

Check in the appropriate places.	Yes	No	Sometimes
Student has problems accepting authority			
Student requires close supervision			
Student needs firm and definite behavior guidelines			
Student has been suspended or excluded from your school			
Student has physical, social or emotional limitations			
Student's parents are cooperative			

- 1) Is the student involved in after school activities such as clubs and athletics? Yes No
If yes, please list:

- 2) What words or phrases immediately come to mind when describing this student?

- 3) Please add additional comments/observations concerning the strengths, weaknesses, health or special needs of this student.

Please use additional paper if necessary to elaborate on anything you feel would be helpful to us in the acceptance process. If you do not wish to complete this form, please sign and note your telephone number.

Name of person completing this form: _____

Name of school: _____

Relationship to applicant: _____

Class you taught the student: _____

Phone: _____ FAX: _____

After completion please scan and email (preferred), mail, or fax directly to:

United Faith Christian Academy
Tonya Bronson, Admissions Director

Recommendation forms are used only for admissions and not part of the student's permanent record. Thanks in advance for your time and attention.



United Faith Christian Academy

Attention: Admissions Director
 8617 Providence Road, Charlotte, NC 28277
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 Email: admissions@ufca.org

Administrator Recommendation Form (2016-2017) For Applicants TK – 12th Grade

Administrator: Your recommendation is highly valued as we consider this applicant for admissions to United Faith Christian Academy. We ask that you complete this form carefully and return it directly to Tonya Bronson, Admissions Director by mail, fax, or scan and send via email.

Applicant's Name: _____
(Last) (First) (Middle) (Current Grade Level)

1. How long have you known the applicant? _____

2. What words or phrases immediately come to mind when describing this student? _____

3. What observations concerning strengths, weaknesses, health or special needs are there in regards to this student?

4. How do you rate this applicant in the following areas?

Personal Qualities	Excellent	Above Average	Average	Below Average	No Opportunity to Observe
Leadership					
Punctuality					
Responsibility					
Initiative (self-starter)					
Reaction to criticism					
Reaction to setbacks					
Respect accorded by peers					
Respect accorded by adults					
Emotional stability					
Cooperativeness (team worker)					
Attitude toward authority					
Integrity and honesty					
Reaction to stress					

5. Please share with us any information you may have about the applicant that would help in our evaluation. This information could cover recent experiences or incidents in the applicant's life, or even a general personality appraisal.

6. How do you support this applicant's request for admission to United Faith Christian Academy?

Enthusiastically Strongly Without Enthusiasm Not Recommended

7. What disciplinary actions have been taken with this student? Please include brief description and dates.

Suspension(s): _____

Action Plan(s): _____

Detention(s): _____

Other: _____

Administrator's Name: _____

Phone Number: _____

Administrator's Title: _____

School's Name: _____

School's Address: _____
(Street) (City) (State) (Zip)

Administrator's Signature: _____ Date: _____



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Transcript Request Form (2016-2017)
for Applicants 1st - 12th Grade

The student named below is an applicant for admissions to United Faith Christian Academy. Copies of this student's school records are needed for evaluation as soon as possible. The records should include:

- Report Cards and Progress Reports
- IQ and Achievement Test Results
- End of Grade Test Results
- Attendance and Discipline Records
- Psychological/Behavioral Educational Evaluations
- Health Records
- IEP Plans or other Educational Accommodation Requirements

All information should be sent to electronically to Tonya Bronson, Admissions Director, admissions@ufca.org, faxed to (704) 540-7926, or mailed to the address listed above.

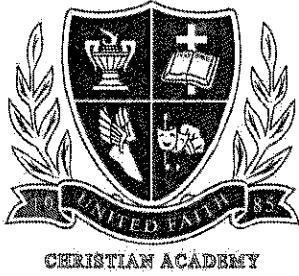
Student(s) Name:

Current Grade(s)

Parent/Guardian name (printed):

Authorized by (signature):

This information will be used for the purposes of identifying educational needs for the students as it relates to admission to United Faith Christian Academy. Thanks in advance for your prompt attention.



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2016-17 Medical Information and Emergency Release Form

Student Legal Name

_____ / _____ / _____ / _____
 Last First Middle Preferred

Address _____ City _____ State _____ Zip _____

Date of Birth ____/____/____ Gender (please circle) M F Student Cell # _____ Grade Entering _____

FAMILY INFORMATION (please print clearly in black or blue ink)

	Name	Legal Guardian	Cell Number	Work Number
Mother		Y/N		
Father		Y/N		
Step-Parent		Y/N		

EMERGENCY CONTACTS

Name: _____ Home: _____ Cell: _____

Name: _____ Home: _____ Cell: _____

	Name	Phone
Pediatrician/primary care provider		
Hospital of choice		
Dentist		

Insurance Company: _____

Policy Number: _____ Phone: _____

(In case of accident or serious illness, the school will attempt to contact the parent/guardian. If the school is unable to contact the parent/guardian or person designated above, the school will make necessary arrangements for immediate treatment. Payment of any fees will be assumed by the parent/guardian.)

I hereby give my consent to any hospital and/or licensed physician or authorized provider to administer necessary emergency treatment to my child in the event such treatment is imperative and I cannot be contacted.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name: (please print) _____

(Turn over for Page 2)

HEALTH HISTORY – 2016-17 MEDICATION AUTHORIZATION FORM

(Instructions: Parent should complete this form and return to the UFCA Academy Office by no later than August 1, 2016. Please note: the Medical Information/Emergency Release Form is required to be on file before the student will be allowed to attend school.

Student Name: _____ Grade (2016-2017): _____

List any health information (past and present such as diabetes, asthma, allergies, seizures, migraines, AD/ADHD, etc.) Also, please list any current medications that your child is taking.

Date of last Tetanus _____

TO BE COMPLETED BY A PHYSICIAN

Authorization for any medications to be administered during the academic day and school sponsored events.

SECTION 1: Please check the following OTC (Over the Counter) medication(s) that the student may be given and also list any prescription medications to be given during the school year.

Tylenol/generic _____ Yes _____ No
Motrin/generic _____ Yes _____ No
Benadryl (for allergic reactions) _____ Yes _____ No

SECTION 2: Please complete the following for any prescription medication or additional OTC (i.e. allergy medication, etc.) to be given during the 2015-2016 school year.

The above listed student is under my care for (diagnosis): _____

Medication to be administered during school hours: _____

Dosage/Route/Frequency: _____ Administration to begin: _____ Administration to end: _____

Possible side effects: _____

EMERGENCY MEDICATIONS (i.e. EpiPen, inhaler, etc.) may be carried by the student and self-administered if the physician indicates below and considers the student sufficiently responsible. ACTION PLAN REQUIRED. Parents will supply the Academy Office with additional emergency medications as a precaution.

ALLERGIES: Please list allergic reactions that may require emergency medical treatment: (i.e food, drug, seasonal or allergic reactions to bees/insects)

Does the student carry and self-administer this medication for emergencies? (Circle one) Yes No

Please list any daily medications that the student will need to take during co-curricular activities (after school).

Medication	Dosage	Frequency/Time Duration	Medication	Dosage	Frequency/Time Duration
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Signature of Physician, CRNP or PA: _____ Phone #: _____

Printed Name of Physician, CRNP or PA: _____ Date: _____

(The above medication order is valid 8/01/2016 – 8/01/2017)

An Action Plan form is required for students with a history of asthma, diabetes, allergic reactions or seizures requiring treatment. This form along with the UFCA ALLERGY Action Plan must be completed by a physician. *Action Plan form may be obtained from the Academy Office or under Admissions Forms on the UFCA website: www.ufca.org

TO BE COMPLETED BY PARENT/GUARDIAN

I request the medication listed above be given to this student during school hours and all school-sponsored events. Medications will only be accepted in the original container along with a doctor's signature for that medication. I understand that only I, or the school nurse or appointed school personnel, may administer this medication during school hours or school sponsored events to this student. I acknowledge that the school shall incur no liability as a result of any condition from the medication. I shall not hold the school, its employees or agents against any claims arising from the administration of medication given to this student.

Signature of Parent: _____ Date: _____

ALL MEDICATIONS WILL BE DISCARDED IF NOT PICKED UP BY MAY 31, 2017.