

**FIRST LOVE CHRISTIAN ACADEMY
INTENT TO ENROLL IN THE FALL OF 2011**

Student Name _____ Date _____ Grade level fall 2011 _____

Parent(s)/guardian(s) Name(s) _____

Address _____

E-mail _____ Phone _____ Cell _____

Tuition information

FULL-TIME \$5000 DUAL – VOTECH \$3500 PART – TIME \$650/COURSE
[2ND CHILD \$4500 OR \$3000 3RD CHILD \$4000 OR \$2500 4TH CHILD \$3500 OR \$2000]
Application fee \$100 Technology Fee \$320 Text & Materials Fee \$180 Science Equipment Fee \$100 Time Commitment \$500

Family Tuition Plan:

_____ Will be paying the full amount _____-5% by May 1st OR _____-3% by June 1st
credit card option will be available

_____ Will be making 10 monthly payments on the full amount

_____ Will be requesting Financial Aid through the EITC program

Please send me the Financial Aid application due May 20th for returning students

_____ Will be requesting a scholarship through a church or private donation

I am declaring my intent to enroll the above child in the non-affiliated, Bible-based First Love Christian Academy. I attest the following to be true:

_____ My child has the desire to build a relationship with Jesus Christ.

_____ My child has the desire to achieve academically to the best of his/her ability.

_____ My child agrees to adhere to the rules and regulations reflecting a Christian lifestyle.

_____ Our family will attend the church of our choice supporting First Love's Statement of Faith

It will be my responsibility as the parent/guardian to insure that the academy receives tuition payments on time.

Signature of the Student

Date _____

Signature of parent/guardian

Date _____

Signature of parent/guardian (if applicable)

Date _____

Admission to First Love Christian Academy is not automatic for students submitting the letter of intent. The applicants must follow procedures for enrollment which can be obtained through the FLCA office, from the web site, www.firstlovechristianacademy.com, or by calling 724-228-FLHS (3547).

Kathleen Miller
Admissions Director

Student Name _____

Date _____

FAMILY INFORMATION FORM

Person(s) with whom student resides:

(All school information will be sent to the primary residence unless otherwise requested)

Name _____
 parent step guardian

Name _____
 parent step guardian

Address _____

Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Home Phone _____

Home Phone _____

Cell/Pager# _____

Cell/Pager# _____

E-mail _____

E-mail _____

Work Number _____

Work Number _____

Occupation _____

Occupation _____

Employer Name _____

Employer Name _____

Church Affiliation _____

Church Affiliation _____

Address _____

Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Pastor _____ Phone _____

Pastor _____ Phone _____

Are you a member? _____ How long? _____

Are you a member? _____ How long? _____

Do you attend regularly? _____

Do you attend regularly? _____

Marital Status _____

Marital Status _____

Siblings: _____ age _____

M / F _____ current school _____ grade _____

Parental Information (Other than applicant's primary residence)

Name _____
 parent step

Name _____
 parent step

Address _____

Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Home Phone _____

Home Phone _____

Cell/Pager# _____

Cell/Pager# _____

Work Number _____

Work Number _____

E-mail _____

E-mail _____

Siblings: _____ age _____

M / F _____ current school _____ grade _____

