



# Eagle Academy Application

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Jacksonville, Florida 32211  
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Attach  
Student  
Photo

## OFFICE USE ONLY

<input type="checkbox"/> TEST DATE ADVISED	<input type="checkbox"/> TESTED	<input type="checkbox"/> TEST EVALUATED	<input type="checkbox"/> ACCEPTED	<input type="checkbox"/> ON WAITING LIST
<input type="checkbox"/> PAPERWORK COMPLETED ACKNOWLEDGED	<input type="checkbox"/> FEE PAID	<input type="checkbox"/> INTERVIEWED	<input type="checkbox"/> NOT ACCEPTED	<input type="checkbox"/> ACCEPTANCE
<input type="checkbox"/> BIRTH CERTIFICATE	<input type="checkbox"/> SS CARD	<input type="checkbox"/> IMMUNIZATION	<input type="checkbox"/> PHYSICAL	<input type="checkbox"/> TESTING INFORMATION
<input type="checkbox"/> REPORT CARD/SCHOOL RECORDS				

THIS APPLICATION DOES NOT ASSURE FINAL ENROLLMENT, BUT PROVIDES INFORMATION UPON WHICH A DECISION WILL BE BASED.

### I. INFORMATION CONCERNING THE STUDENT:

Name: \_\_\_\_\_ Grade applying for: \_\_\_\_\_  
LAST FIRST MIDDLE

Sex:  M  F Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ City/State: \_\_\_\_\_

Home Address: \_\_\_\_\_  
CITY STATE Zip

Telephone: (\_\_\_\_) \_\_\_\_\_ Emergency Phone/Person: (\_\_\_\_) \_\_\_\_\_ / \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Last school attended: \_\_\_\_\_

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

School assigned to next year: \_\_\_\_\_

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

Has student previously applied to Eagle Academy?  Yes  No If so, what year? \_\_\_\_\_

Has student repeated any grades? \_\_\_\_\_ If so, state the grades and reason: \_\_\_\_\_

Has the student been in any difficulty with civil/juvenile authorities? \_\_\_\_\_ If so, briefly explain: \_\_\_\_\_

Was student ever asked to leave, suspended or expelled from school? If so, when and why? \_\_\_\_\_

Has the student experienced any behavioral, academic, physical, or emotional challenges that have required special services from a therapist, psychologist, medical doctor, or other specialist? If yes, please explain. \_\_\_\_\_

Is the student currently diagnosed with any learning disabilities, ADD, ADHD or health condition? If yes, please explain. \_\_\_\_\_

Does the student receive medication? \_\_\_\_\_ Type of medication: \_\_\_\_\_

Reason for medication: \_\_\_\_\_

**II. INFORMATION CONCERNING THE FAMILY:**

Father's Name: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Education: High School: \_\_\_\_\_ years College \_\_\_\_\_ years Degrees \_\_\_\_\_

Name of Church: \_\_\_\_\_

Address \_\_\_\_\_ Member? \_\_\_\_\_

In what church activities are you or members of your family involved? \_\_\_\_\_

Marital Status:  Married  Widowed  Divorced  Separated  Remarried  Single

Mother's Name: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Education: High School: \_\_\_\_\_ years College \_\_\_\_\_ years Degrees \_\_\_\_\_

Name of Church: \_\_\_\_\_

Address \_\_\_\_\_ Member? \_\_\_\_\_

In what church activities are you or members of your family involved? \_\_\_\_\_

Marital Status:  Married  Widowed  Divorced  Separated  Remarried  Single

Number of children living in the family \_\_\_\_\_ Number of others living in the home \_\_\_\_\_

Names of other children	Sex	Birth date
_____	_____	_____
_____	_____	_____
_____	_____	_____

Applicant resides with:  Mother/Father  Mother Only  Father Only  
 Guardian  Father/Stepmother  Mother/Stepfather

Legal Restrictions (include legal documentation): \_\_\_\_\_

**III. SUPPLEMENTAL INFORMATION**

How did you hear about the school? \_\_\_\_\_

Why are you interested in your child attending Eagle Academy? \_\_\_\_\_

Will your child need Extended Day Care?  Yes  No  AM Only  PM Only  Both AM & PM

Have you been satisfied with the education your child has received until now? \_\_\_\_\_

If not, in what areas do you desire improvement? \_\_\_\_\_

What are your child's greatest strengths? \_\_\_\_\_

What are your child's greatest needs in the following areas?

Spiritual: \_\_\_\_\_

Behavioral: \_\_\_\_\_

Social/Emotional: \_\_\_\_\_

Academically: \_\_\_\_\_

In what way have you been of assistance in helping your child achieve academically? \_\_\_\_\_

What daily practices do you follow that provide you spiritual strength? \_\_\_\_\_

Do you have any special hobbies or interest that you would be willing to share with a class?

Father: \_\_\_\_\_

Mother: \_\_\_\_\_

**IV. Media Consent:**

**I grant my permission to Eagle Academy/Faith Christian Center and its staff to photograph or videotape me/my child(ren) and copyright, use and/or publish the photographs, videos and audiotapes in school publications and public relations material, including the website.**  Yes  No

**V. PHYSICAL EXAMINATION REQUIREMENTS:**

All students new to the school are required to have a current physical examination form completed and returned to the school office.

Applicant's Acknowledgement and Authorization

The information contained in this application is correct to the best of my knowledge. I authorize any reference or church listed in this application, including all accompanying application forms, to give you any information (including opinions and impressions) that they may have regarding my child's character and fitness for Eagle Academy. In consideration of the receipt and evaluation of information contained in this application by Faith Christian Center, I hereby release any individual, church, youth organization, charity, employer, reference, or any other person or organization, including record custodians, jointly and severally, from any and all liability for providing the requested information in compliance with this authorization. I hereby waive any right to inspect any information provided by the above authorized individuals or entities regarding me in this application. This waiver extends to my family, heirs, assigns, or successors in perpetuity.

**I further acknowledge that I HAVE CAREFULLY READ AND UNDERSTAND THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND AFFIXING MY SIGNATURE TO THIS RELEASE IS DONE KNOWINGLY AND VOLUNTARILY.**

Child's Name (Printed): \_\_\_\_\_

Parent's Name/s (Printed): \_\_\_\_\_

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

Witnessed By: \_\_\_\_\_ Date: \_\_\_\_\_

# Eagle Academy Mission Statement

The mission of Eagle Academy is to provide a learning environment consistent with biblical principles; that promotes exemplary academic skills and Godly character.

## Vision Statement

The vision of Eagle Academy is to provide an environment conducive to learning academically and spiritually where diverse students learn who they are in Christ; understanding that their role is to do all things in a “spirit of excellence” in every area of their lives; therefore, equipping them to become Godly professionals who change the world for the Kingdom of God.

## Statement of Faith

### **We Believe:**

- that the Bible is the divinely inspired Word of God; in the trinity of God – the Father, the Son, the Holy Spirit.
- all have sinned and come short of the glory of God and are in need of salvation. Salvation has been provided through Jesus Christ for all men.
- that the infilling of the Holy Spirit is an experience subsequent to salvation, and that it is the will of God that all be filled.
- healing is provided in the redemptive work of Christ and is available to every believer.
- the church consists of all those who have received Jesus Christ as their personal Savior.
- there shall be a bodily resurrection of the just and unjust.
- in the personal, visible, imminent return of Jesus Christ.
- in Water Baptism, the observance of the Lord’s Supper.
- that God defines marriage as a union between one man and one woman.

Eagle Academy was established in 2002 as an educational extension of Faith Christian Center, a non-denominational church. While we do not seek total doctrinal agreement, we do ask that all of our parents and students understand and respect our Statement of Faith.