



Please list your children's name(s): _____

Father*:

I , (please print your name) _____, verify that I have reviewed all of my electronic signatures submitted with my child's application to Faith West Academy. By signing below, I confirm that these signatures are valid and legally binding. These signatures will remain valid during the duration of my child's attendance at Faith West Academy.

Signed: _____ Date: _____

Mother*:

I , (please print your name) _____, verify that I have reviewed all of my electronic signatures submitted with my child's application to Faith West Academy. By signing below, I confirm that these signatures are valid and legally binding. These signatures will remain valid during the duration of my child's attendance at Faith West Academy.

Signed: _____ Date: _____

* If, due to death, divorce or otherwise, there is only one legal parent enrolling this child, official paperwork must be submitted to the Admission's Office. This includes; but is not limited to divorce decrees, adoption papers, etc.



ADMINISTRATOR'S DISCIPLINARY FORM

STUDENT NAME: _____ D.O.B. _____

Parents,

Please complete this form and deliver it to your child's school. Please be aware that your parent signature authorizes the release of requested disciplinary information including all disciplinary records. Applications cannot be finalized until your child's previous school returns this completed request to FWA.

PARENT SIGNATURE DATE _____

**The remainder of this form is to be filled out by the administrator
or disciplinarian at your child's most recent school.**

➔ Administrator/Disciplinarian: *Please fax this completed form along with a copy of the applicant's current discipline records to 281-391-2606. Please be aware that the applicant's application will not be processed until this form and all disciplinary records have been received by Faith West Academy's registration office.*

Has the applicant ever been suspended, placed on probation, asked to withdraw, been considered for expulsion or expelled from school? **YES/NO**

If yes, please explain:

Please check one:

- Never been sent to the office, no major disciplinary infractions, classroom conduct above average
- Few minor disciplinary infractions, few minor classroom infractions, classroom conduct average
- Major disciplinary infractions, excessive minor classroom infractions, classroom conduct below average

Signature of school administrator/disciplinarian

Print name and title

Telephone: _____

PLEASE CONTACT MY OFFICE



SPECIAL SERVICES/EDUCATION COORDINATOR'S FORM

STUDENT NAME: _____ D.O.B. _____

Parents,

Please complete this form and deliver it to your child's school. Please be aware that your parent signature authorizes the release of requested information including all records regarding IEP, BIP, 504, tiered intervention, accommodations and/or modifications received or recommended by your child's previous school(s). Applications cannot be finalized until this completed request is returned to FWA.

PARENT SIGNATURE DATE _____

The remainder of this form is to be filled out by the special services/education coordinator at your child's most recent school.

➔ SPECIAL SERVICES/EDUCATION OFFICES: Please fax this completed form along with a copy of this student's full testing and recommendation records to 281-391-2606. Please be aware that this applicant's FWA application will not be processed until this form and all supporting documents have been received by Faith West Academy's registration office.

Please check one:

- This student has never been recommended for educational testing.
- This student has been recommended to educational testing.
- This student has been tested. According to the test results, it has been determined that this child DOES NOT need and special services/programs in order to be successful in the classroom. (Please attach all supporting documentation)
- This student has been tested. According to the test results, it has been determined that this child DOES need and special services/programs in order to be successful in the classroom. (Please attach all supporting documentation)
- This student has been tested. According to the test results, this child received special services/programs in order to be successful in the classroom. However, it has been determined that this student no longer needs these services. This student is no longer receiving any accommodations, modifications or tiered services/programs. (Please attach all supporting documentation)

Signature of Special Services Coordinator

Print name and title

Faith West Academy Request/Release of Student Records

To Previous School:		
Street Address:		
City:	State:	Zip:
School Phone:		School Fax:

Attention Registrar:

Faith West Academy is considering the possibility of enrolling:

Name:		
Last	First	Middle
Date of Birth: Grade enrolling into:		

We would appreciate receiving all the information concerning this child, such as:

1. Immunizations
2. Birth Certificate
3. Most current report card
(if application has been received mid-year)
4. Withdrawal grades
(if application has been received mid-year)
5. Last two years final report cards
6. Most recent standardized test
7. Conduct/Incident Reports

Comments:

***Parents and Registrar:**

Please note that FWA **must** receive conduct/incident reports, if any, prior to enrollment.

*Parents please initial here, indicating your clear authorization for your child's previous school to release these conduct reports to FWA: _____

8. Official Transcript

I give permission for these records to be released to Faith West Academy:

Signature

Relationship to Child

Please send this information to:

Faith West Academy
2225 Porter Road, Katy, Texas 77493
Phone: 281.391.5683 or VIA FAX 281.391.2606



FAITH WEST ACADEMY

PERSONAL RECOMMENDATION FOR APPLICANT

(GRADES 6 - 12)

APPLICANT'S NAME _____

First

Middle

Last

ADDRESS _____

Street

City

State

Zip

INSTRUCTION TO APPLICANT: After completing the spaces above, give this form to your minister and/or youth pastor over age 21, along with a stamped envelope addressed to Registrar, Faith West Academy, 2225 Porter Road, Katy, TX 77493.

Please also sign the following waiver: I, the undersigned, hereby voluntarily waive any right or privilege provided by Public Law 93-380 to inspect or challenge the content and comments expressed in this "Personal Recommendation for Applicant."

Parent Signature

Date

INSTRUCTION TO MINISTER AND/OR YOUTH PASTOR: Please complete this form carefully and candidly and mail it directly to us as quickly as possible. Because we expect straightforward comments, we will treat all information as strictly confidential. We appreciate your assistance.

1. How long have you known the applicant? _____ years _____ months
2. In what capacity do you know the applicant? _____
3. Describe your relationship with the applicant. _____
4. Are you well acquainted with the applicant's spiritual life? _____ Behavior? _____ Social life? _____
5. Please describe the applicant's home life: (Include information about the spiritual and moral leadership of the parents; relationships among members of the family, etc.) _____
6. To the best of your knowledge, has the applicant accepted Jesus Christ as personal Savior? _____
If so, how long has the applicant been a Christian? _____ Has the applicant's daily life given evidence of a genuine conversion and subsequent growth toward spiritual maturity? _____ Please comment:

7. Does the applicant respond well to authorities in the home, church, and school? _____
8. With what type of companions does the applicant usually associate? _____
9. To the best of your knowledge, what is the applicant's attitude toward such practices as smoking and use of alcoholic beverages or drugs? _____
10. Are you aware of any physical weaknesses or emotional problems that would hinder the applicant in an intensive academic environment? _____ If so, please explain: _____

11. What are the applicant's special abilities? _____

12. In what ways has the applicant been active in church or related work? _____

13. What do you believe to be the applicant's primary purpose in attending a Christian school? _____

14. In your opinion, is the applicant able and willing to practice the self-discipline necessary to be a successful student? _____

15. We would appreciate your response to the following checklist, if you are at liberty to do so.

MOTIVATION

- Highly motivated
- Usually purposeful
- Aimless
- No opportunity to observe

RESPONSIBILITY

- Conscientiously reliable
- Usually dependable
- Irresponsible
- No opportunity to observe

ACCEPTANCE BY OTHERS

- Highly respected
- Liked by others
- Avoided by others
- No opportunity to observe

INDUSTRY

- Willingly does assigned work
- Needs occasional prodding
- Fails to do required work
- No opportunity to observe

CONCERN FOR OTHERS

- Generally concerned
- Shows some interest in others
- Indifferent
- No opportunity to observe

EMOTIONAL STABILITY

- Consistently well balanced
- Usually well-balanced
- Subject to depression/elation
- No opportunity to observe

INTEGRITY

- Consistently trustworthy
- Usually honest
- Frequently dishonest
- No opportunity to observe

SOCIAL MANNER

- Socially at ease
- Average social facility
- Lacking in social facility
- No opportunity to observe

LEADERSHIP AND INFLUENCE

- Consistently a good influence
- Cooperative but retiring
- Detrimental influence
- No opportunity to observe

16. Would you recommend that we accept this application?

No _____ Questionable _____ Yes _____ Strongly so _____

17. Please state any additional information which in your opinion would especially qualify the applicant for Christian school: _____

Signature _____ Name Printed _____

Employer _____ Occupation _____

Employer Address _____
Street City State Zip

Church _____ Phone # _____