



Application For Admissions Student Application

Fill out the below application form and return it to the Erie First Christian Academy Admissions Office with a \$100 application fee.

STUDENT INFORMATION

Name: _____
LAST FIRST MIDDLE PREFER TO BE CALLED

Sex: Male Female Date Of Birth: _____

Social Security #: _____ Phone #: _____

Address: _____
STREET

CITY STATE/PROVINCE ZIP CODE COUNTRY

Email Address: _____

Presently In Grade: _____ Applied to EFCA before: Yes No

Applying For Grade: _____ Applying For: Fall 20____ Spring 20____

Citizen Of: _____ Native Language: _____ Language Spoken At Home: _____

Current Immigration Status: U.S. Citizen U.S. Resident I require an I-20 for my student visa

How Did You Find Out About Erie First Christian Academy?: _____

List any friends/relatives who have attended Erie First Christian Academy (name, class, relationship)

Religious Affiliation/Preference: _____ Do you currently attend Church: _____

Are you working with an Education Consultant: Yes No

If yes, please provide the Name of Consultant: _____ Phone Number: _____

FAMILY INFORMATION

Parents: Married Divorced* Widowed Separated Single Other

*Please include step-parent information separately

1. Father's Name: _____ 2. Mother's Name: _____
LAST FIRST LAST FIRST

Address: _____ Address: _____

Phone: _(____)_____ Phone: _(____)_____

Cell Phone: _(____)_____ Cell Phone: _(____)_____

Position/Title/Occupation: _____ Position/Title/Occupation: _____

Employer & Address: _____ Employer & Address: _____

Phone: _(____)_____ Phone: _(____)_____

Fax: _(____)_____ Fax: _(____)_____

Email Address: _____ Email Address: _____

Student Lives With: Parents Mother Father Guardian (if Guardian, enclose address)

Please attach a current picture of the student to this application.

Who Is Financially Responsible?: Mother Father Both Other: (if Other, enclose contact information)

Please list one other person other than the parents to be contacted in case of emergency (contact must be able to speak English):

Name: _____ Relationship: _____ Phone#: _____

Address: _____
STREET CITY STATE/PROVINCE ZIP CODE COUNTRY

SCHOOL INFORMATION

Name Of Last School Attended: _____

Address: _____
STREET CITY STATE/PROVINCE ZIP CODE COUNTRY

Phone Number: _____ Parochial Independent/Private Public

Please list schools attended in the last four years and the dates of attendance:

How would you describe the student's attitude toward school and learning?

Please rate the student's academic work from previous years: Excellent Good Average Poor

Has the student ever been expelled, dismissed or refused admission to another school? Yes (if yes, please attach an explanation) No

If yes, please explain the circumstances:

Has the student ever had any disciplinary difficulties, either at home or in school? Yes No

If yes, please explain.

Has the student had extended or frequent absences from school? Yes No

If yes, please explain.

Please describe any physical restrictions, learning disabilities, learning differences, special accommodations or social limitations we should know about:

Sports in which the student would like to participate:

Fall: _____ Winter: _____ Spring: _____

Previous Sports Team Experience: _____

PARENT'S PLEDGE OF ACCEPTANCE

I certify that I/we have read the materials in this admissions packet and agree with the educational philosophy of Erie First Christian Academy.

I certify that the information I have provided is correct to the best of my knowledge. I also understand that, upon the acceptance of my student, I/we will settle my/our accounts promptly.

Signature Of Student

Date

Signature Of Father or Mother

Date

Signature Of Guardian (if other than natural parent)

Date

Please be sure to include your non-refundable application fee of \$100 when submitting this application. Checks and Money Orders should be made payable to: Erie First Christian Academy.

Erie First Christian Academy does not discriminate in its admission practice against any person because of race, color, national or ethnic origin, gender, age or disability.



Admissions Procedure *International Students*

The following items must be submitted to Erie First Christian Academy to start your admissions process.

New Admissions Must Submit:

1. Completed Application With \$100 Application Fee
2. Current School Transcripts (last two years)
3. Recommendations
5. SLEP or TOEFL Test Scores (optional)

After we have received your request for admissions and the student portfolio is complete, an interview with the principal will be scheduled. An acceptance or denial letter will follow the interview. If accepted, your tuition contract and welcome packet will be sent to you to complete the acceptance procedure. A \$4,000 non-refundable deposit must be submitted to secure the student's place at Erie First Christian Academy.

Mail your Application, Application Fee, School Transcripts, Recommendation and Report Card along with your non-refundable \$100 Application Fee to: Erie First Christian Academy

Attn: Admissions
8150 Oliver Road
Erie, Pennsylvania 16509

Please sign and return this form with your application.

Parent / Guardian Signature

Date

Student Signature

Date



Transcript Release Form

To The Parent / Guardian: Please sign this Transcript Release Form and submit it with the School Recommendation to your child's Principal or Guidance Counselor. **Your child's present school must return the Official Transcript and School Recommendation directly to Erie First Christian Academy.**

Please Note: We will be unable to conduct an Admissions Interview without your child's transcript and school recommendation.

Student's Name: _____
LAST FIRST MIDDLE

Current Grade: _____

Current School: _____ Phone #: _____

Address: _____
STREET CITY STATE/PROVINCE ZIP CODE COUNTRY

I hereby authorize my child's official school transcript records be released to the Admissions Office at Erie First Christian Academy.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

Please mail transcripts to:
Erie First Christian Academy
Attn: Admissions
8150 Oliver Road
Erie, PA 16509

You may also fax transcripts to: 814.866.9987 Attn: Admissions. If you fax the transcripts, please also mail an official copy to the address listed above.



Reference Request *Current Math Teacher*

Please mail completed reference form to Erie First Christian Academy • 8150 Oliver Road • Erie, PA 16509 • 814.866.6979 • Or Fax to: 814.866.9987 Attn: Admissions

STUDENT INFORMATION

To The Student: As part of the application process, we ask that your current Math Teacher fill out the following form. Please print your name, address and school below and give to your Math Teacher to fill out.

Student's Name: _____ Current Grade: _____
LAST FIRST MIDDLE

Address: _____
STREET CITY STATE/PROVINCE ZIP CODE COUNTRY

Current School: _____ Phone #: _____

TEACHER INFORMATION

To The Teacher: The above named student is a candidate for Admission. The Admissions Committee places considerable weight on the academic and personal qualifications of each applicant. Your recommendation is vital to our Admissions process. We greatly appreciate your responses and insight. You are welcome to attach a narrative statement to this reference, but please make sure to completely fill out the form as well. References should be mailed to Erie First Christian Academy by the individual giving reference.

How well do you know the student academically?: _____ As a person?: _____

In what years did you teach the student?: _____ How large is the class?: _____

What course(s)?: _____ Is the student on a block schedule?: _____

Next year, what math course would be the most appropriate placement for the student?: _____

Briefly describe your course. It is especially helpful to know what texts are used and if the students are grouped by ability.

Is this course part of a tracking system or designated as an honors or accelerated course? Yes No

Student's Mathematical Background: The courses listed below suggest a sequence typical of the mathematics curriculum in many American secondary schools. Please check those courses or list others which the student will have completed by the end of the current school year.

- _____ Basic First Year Algebra (does not include extensive study of rational expressions, irrational numbers, and quadratic equations)
- _____ First Year Algebra (a thorough course which includes quadratics)
- _____ Geometry
- _____ Second Year Algebra (not including trigonometry)
- _____ Second Year Algebra (includes numerical trigonometry through the laws of sine and cosine)
- _____ Pre-Calculus (including analytical trigonometry)
- _____ Calculus (an introduction)
- _____ Calculus (Advanced placement AB)
- _____ Calculus (Advanced placement BC)

Please evaluate the candidate in relation to the other students of the same age/grade you have taught. Please check the appropriate box.

	One Of The Top Few I Have Ever Encountered	Excellent Top 10% This Year	Good Above Average	Average	Below Average	No Basis For Judgment
Accuracy In The Use Of The Basic						
Command Of Mathematics When Compared To Other Students Whom You Have Taught						
Effort						
Knowledge Of The Basic Skills						
Problem Solving Ability						
Overall Performance						
Reasoning Ability						
Understanding Of And Appreciation For The Underlying Ideas And Concepts						
Willingness To Accept The Challenge Of The More Difficult Problems And Exercises						

Please place check marks at the points that represent your evaluation of the student in comparison to other students in his or her age group whom you have taught or advised. If you have no fair basis for judgment, please do not hesitate to say so.

	One Of The Top Few I Have Ever Encountered	Excellent Top 10% This Year	Good Above Average	Average	Below Average	No Basis For Judgment
Ability To Work						
Academic Achievement						
Academic Potential						
Concern For Others						
Creativity						
Effort / Determination						
Emotional Stability						
Honesty / Integrity						
Intellectual Curiosity						
Maturity (Relative To Age)						
Organization						
Overall Evaluation As A Person						
Overall Evaluation As A Student						
Respect To Faculty						
Respect To Peers						
Responsibility						
Self – Esteem						
Willingness To Take Intellectual Risk						

If the student is relatively weak or strong in any areas listed above, please elaborate.

What are the first three words that come to mind to describe this student?

Please comment on this student's character, citizenship, and contributions to your community.

Please add any additional information that will give us a more complete picture of the student.

Thank you for taking the time to complete this evaluation. Your reflections are an important part of the candidate's application. All information you provide will be held in confidence and disclosed only to the Admissions Committee and others deemed necessary.

SIGNATURE

DATE

SCHOOL ADDRESS

PRINTED NAME

EMAIL ADDRESS

TITLE

TELEPHONE NUMBER



Reference Request
Current English Teacher

Please mail completed reference form to Erie First Christian Academy • 8150 Oliver Road • Erie, PA 16509 • 814.866.6979 • Or Fax to: 814.866.9987 Attn: Admissions

STUDENT INFORMATION

To The Student: As part of the application process, we ask that your current Math Teacher fill out the following form. Please print your name, address and school below and give to your Math Teacher to fill out.

Student's Name: LAST FIRST MIDDLE Current Grade:

Address: STREET CITY STATE/PROVINCE ZIP CODE COUNTRY

Current School: Phone #:

TEACHER INFORMATION

To The Teacher: The above named student is a candidate for Admission. The Admissions Committee places considerable weight on the academic and personal qualifications of each applicant. Your recommendation is vital to our Admissions process. We greatly appreciate your responses and insight. You are welcome to attach a narrative statement to this reference, but please make sure to completely fill out the form as well. References should be mailed to Erie First Christian Academy by the individual giving reference.

How well do you know the student academically?: As a person?:

In what years did you teach the student?: How large is the class?:

What course(s)?: Is the student on a block schedule?:

Is this course part of a tracking system or designated as an honors or accelerated course? Yes No

Briefly describe your course. It is especially helpful to know what texts are used and if the students are grouped by ability.

Blank lines for describing the course.

How accurately does the student read and understand what he or she has read?

Blank lines for reading accuracy.

How well does the student write in comparison with other students you have taught? Please be specific about areas of strength and weakness.

Blank lines for writing comparison.

How well does the student accept advice or criticism?

Blank lines for acceptance of advice.

Please place check marks at the points that represent your evaluation of the student in comparison to other students in his or her age group whom you have taught or advised. If you have no fair basis for judgment, please do not hesitate to say so.

	One Of The Top Few I Have Ever Encountered	Excellent Top 10% This Year	Good Above Average	Average	Below Average	No Basis For Judgment
Ability To Work						
Academic Achievement						
Academic Potential						
Concern For Others						
Creativity						
Effort / Determination						
Emotional Stability						
Honesty / Integrity						
Intellectual Curiosity						
Maturity (Relative To Age)						
Organization						
Overall Evaluation As A Person						
Overall Evaluation As A Student						
Respect To Faculty						
Respect To Peers						
Responsibility						
Self – Esteem						
Willingness To Take Intellectual Risk						

If the student is relatively weak or strong in any areas listed above, please elaborate.

What are the first three words that come to mind to describe this student?

Please comment on this student's character, citizenship, and contributions to your community.

Please add any additional information that will give us a more complete picture of the student.

Thank you for taking the time to complete this evaluation. Your reflections are an important part of the candidate's application. All information you provide will be held in confidence and disclosed only to the Admissions Committee and others deemed necessary.

SIGNATURE

DATE

SCHOOL ADDRESS

PRINTED NAME

EMAIL ADDRESS

Please place check marks at the points that represent your evaluation of the student in comparison to other students in his or her age group whom you have taught or advised. If you have no fair basis for judgment, please do not hesitate to say so.

	Outstanding	Excellent	Good	Average	Below Average	No Basis For Judgment
Concern For Others						
Conduct						
Emotional Stability						
Energy And Initiative						
Honesty / Integrity						
Leadership						
Maturity						
Relationship To Peers						
Relationship To Adults						
Responsibility						
Self - Confidence						
Sense Of Humor						

OVERALL RECOMMENDATION:

I have known this student for _____ years.

I recommend this candidate:

	Without Reservation	Strongly Recommend	With Reservation	Do Not Recommend
As A Person				
As A Student				

Please add any additional information that will give us a more complete picture of the student.

Thank you for taking the time to complete this evaluation. Your reflections are an important part of the candidate's application. All information you provide will be held in confidence and disclosed only to the Admissions Committee and others deemed necessary.

Name: _____

Relationship To Student: _____

Address: _____

Phone Number: _____

Email Address: _____

Signature: _____ Date: _____



Scholarship Application

Please return application to: Erie First Christian Academy Attn: Admissions • 8150 Oliver Road • Erie, PA 16509

(Scholarship amounts vary and are subject to availability.)

**Please note that EFCA scholarships are not a cash scholarship and are non-refundable.*

STUDENT INFORMATION

Student's Name: _____ Male Female

Address: _____

City/Province: _____ State: _____ Zip Code: _____ Country: _____

E-Mail Address: _____

Home Phone #: _____ Date Of Birth: _____

Grade Applying For: _____ School Year: _____ Applying For: Fall Spring

EXTRACURRICULAR ACTIVITIES

Include school and community activities and honors. Please indicate school year(s) in which you participated in each activity.

Mo./Yr. to Mo./Yr.: _____ Description of Activity: _____

Mo./Yr. to Mo./Yr.: _____ Description of Activity: _____

Mo./Yr. to Mo./Yr.: _____ Description of Activity: _____

Mo./Yr. to Mo./Yr.: _____ Description of Activity: _____

Mo./Yr. to Mo./Yr.: _____ Description of Activity: _____

PERSONAL STATEMENT

Attach extra paper as necessary. Make sure to write your name on any extra sheet attached.

Please list your educational goals:

Please list the qualities of character and leadership important to achieving your goals:

Please highlight any personal accomplishments, achievements and experiences that have given you considerable satisfaction:

What would receiving a scholarship mean to you?

CERTIFICATION

I confirm the information which I have provided on this application form, and any additional material I submitted related to the financial aid process is complete, accurate and true to the best of my knowledge. I hereby authorize Erie First Christian Academy to release the scholarship application information provided by me, as well as official and unofficial information regarding my academic progress and status, to the scholarship committee for the purpose of providing information concerning my eligibility as a scholarship recipient. I also understand that providing false information may result in revocation of my scholarship.

Signature of Student: _____ Date: _____

Signature of Parent(s) / Guardian(s): _____ Date: _____