French Camp is located at the intersection of Hwy 413 and the Natchez Trace Parkway and is approximately halfway between Jackson and Tupelo, Mississippi.

Prospective students with a scheduled interview:
Report to the Office of Student Life at 201 School Street, French Camp, MS 39745.
Application Packet

Mission Statement of French Camp Academy

French Camp Academy, a Christ-centered home and school, exists to serve young people and families for the glory of God.

This packet includes the following:

- Title Page with Map
- Steps to Apply for Admission
- ‘In a Nutshell’ - A Summary of Life at FCA
- Application for Admission Form
- Medical History Form
- Medical Exam Form
- Medical Consent Form
- Insurance Information Form
- Unofficial Academic Information Request
- Financial Responsibility Statement
- Financial Aid Application
- Confidential Reference Form
- Internet and Computer Use Agreement Form
- Statement of Educational Philosophy
- Covenant Agreement Form
- Student Information Sheet
- Counseling Consent Form
- Family and Friends Networking Form
- Athletic Participation Forms
- School Supply List
- Male Student Need List
- Female Student Need List
- Uniform Information

Enrollment in French Camp Academy will require some time

After all requested materials are received and the personal interview with parents and child is conducted, a decision will be made. Students are accepted on a space available basis. Consideration is given not only to application filing date, but also to urgency of the needs when accepting students for enrollment.
Steps to Apply

Thank you for requesting an application to French Camp Academy. The following information will require your action in order for the application process to advance:

Step 1

_____ With your child, read In a Nutshell and the French Camp Academy website completely.

Step 2

_____ Complete the Application Form in its entirety. For electronic submissions, the child and the parent/guardian sign the forms on the day of the interview.

_____ Complete the Financial Responsibility Statement. Specific questions in regard to your finances will be addressed at the time of the interview.

_____ Contact your child’s present school and have them mail to us an unofficial photostatic copy of the transcript, current academic schedule, and immunization record. A request form for these documents is enclosed. Please do not request the official cumulative file be sent to us. After your child is enrolled, French Camp Academy requests this file.

_____ Give the four (4) Confidential Reference Forms to persons (e.g. teacher, guidance counselor, principal, pastor, doctor, or friend of family) who best know the child and who will give honest and unbiased answers. These are to be mailed or faxed directly back to the Office of Student Life.

_____ Complete the Medical Consent Form.

_____ Complete the Insurance Information Form.

_____ Complete the Medical History Form. Detach and keep the second page (Medical Exam) for completion by a physician and dentist if your child is accepted.

_____ Attach a recent photograph of the child.

_____ Attach a photostatic copy of child’s Social Security Card.

_____ Attach a brief autobiography in which the child shares life story, hobbies, likes and dislikes, etc.

Mail all of the above completed forms with the mandatory $20 application filing fee.

Step 3

_____ Call 662-547-6484 at this time to schedule a personal interview with both the parent and child. Interviews are conducted on weekdays only. We try to accommodate your schedule.

After the interview you will be notified whether or not your child has been accepted.

Step 4

_____ IF YOUR CHILD IS ACCEPTED, the following documents are necessary for enrollment:

   a. Original birth certificate - Obtain from the Bureau of Vital Statistics in the state where your child was born.

   b. Medical exam - Include physical exam, blood test (HIV and drug screen), and dental exam.

   c. A current Mississippi Certificate of Immunization Compliance - Contact our office if one is not available.
Thank you for inquiring about French Camp Academy. ‘In a Nutshell’ covers many areas of life at FCA about which you might have questions. French Camp Academy, established in 1885, is an inter-denominational ministry to young people. We accept students of any race, color, national or ethnic origin, economic background, or religion. All that we do at FCA is founded on our belief in the inerrancy of Scripture and in God as the ultimate authority of our lives. All of our policies and procedures are founded on Biblical principles.

The Campus & School—French Camp Academy is located in French Camp, Mississippi, a small, historic village on the scenic Natchez Trace Parkway near mile marker 180. The Home Department consists of 13 homes, 6 for boys and 6 for girls each housing from 10 to 16 students for a total of approximately 200 students. The last home, Onesimus House, alternates between groups of boys and girls and is dedicated to the education and discipline of students in a smaller, more intimate, and secluded setting. Our student body also includes high school day students from the community. The high school is fully accredited by the State of Mississippi and offers a wide variety of academic courses. Activities include Beta Club, drama productions, the opportunity to train for d.j. and production work on WFCA, our 100,000-watt Christian radio station, an award-winning choral music program, and private lessons in piano or strings. Track, cross country, football, tennis, softball, baseball, and basketball are inter-school sports we play against local 1-A public schools. Children in grades K-8 attend the public school adjacent to our campus and benefit from the Academy’s music and sports programs.

Who comes to French Camp Academy?—Our students are typical kids with normal physical and emotional health who are able to perform at grade level in school. Most come to us from a home situation that has been impacted by divorce, separation or death of a parent, or some other problem not necessarily of their own making. Often they have a single parent or grandparents who are unable to give the time, structure, and care that is needed. The common thread is that these young people come from situations that are unhealthy for them, and they need a stable environment.

Resident Life—Each child lives with one roommate in a 14-16-student dormitory/home. The kitchen, den, bathroom, and laundry areas are shared with other students in the home during free time. A house-parent couple, with or without children of their own, lives in the home and does all they can to make a happy home life for the students. Houseparents supervise study hall, take children to the doctor, cook an occasional meal with students, attend student activities, and are available to the students all day, just as parents would be. Students and staff have daily meals together in the dining hall.

Recreation—Recreation for our young people, especially on the weekends, includes riding horses or bikes, hiking trails, fishing, swimming, playing tennis, and using the fitness center. Our Student Union has table games, a snack bar, and plenty of fellowship. Organized games on a typical weekend include volleyball, softball, or basketball. Our Camp of the Rising Son features low ropes challenge course, a climbing tower, a frisbee golf course, and canoeing on Lake Ann. Students interested in astronomy have access to Rainwater Observatory and Planetarium, the largest facility of its kind in the state.

School Work—Most of our teachers live on campus so students have every opportunity for a good and growing relationship with them. Teachers and house-parents stand ready to assist any child who needs help. Evening study hall is required for all students except those on the honor roll. Each child is offered tools for academic success with help sessions and extra attention. We cannot force a young person to study, but our structure and consistency make it possible for one to learn good study habits. Online library helps are available to the students in the evenings. FCA also has nationally-recognized reading programs available both during the school day and in the evenings.

Discipline—Forms of discipline, ranging from restrictions to corporal punishment, are administered to encourage young people to work harder or to correct habitually bad conduct such as tardiness, disobedience, disrespect, lying, or stealing. A child who does not respond to discipline may be asked to leave FCA. A young person whose attitude, words, or actions cause more harm than the good s/he is receiving must leave FCA. Certain offenses such as use/distribution of drugs/alcohol, leaving the dormitory after hours, inappropriate sexual behavior, or purposely doing harm to one’s self or another result in immediate dismissal.
French Camp Academy ‘In a Nutshell’

Student Work Skills Program—Students are assigned to small teams supervised by FCA staff. Every 9 weeks they rotate to another team with different responsibilities and objectives to learn. This unique program is designed to teach basic skills, dependability, and a good work ethic, and to introduce the students to different career choices. Students, 7th grade and above are assigned to a supervised crew for an hour and a half each weekday after school and three hours on Saturday morning. Crews involve the students in work such as office skills, retail sales, landscaping, equine management, arts & crafts, building maintenance, photography, and dining room service. Upon graduation from French Camp Academy a student will have a resume’ of experiences that can be used for future employment opportunities.

Worship—Though our school was founded by Presbyterians, we are an interdenominational school/home. No child is turned away because of religion, and we do not force our beliefs on a child. Students are, however, required to attend church on Sunday and weekly chapel and vespers services. Respect for the Lord and others is expected during these worship times. There are also personal discipleship opportunities for students. Our ultimate goal is young people who love God with all their hearts and their neighbors as themselves.

Financial Aid—If a student qualifies to attend French Camp Academy, he/she will not be turned away because of an inability to afford tuition. Financial aid is available to families who apply, qualify and demonstrate a willingness to partner with FCA. The financial aid process, which includes a financial aid application, a copy of the previous year’s tax return, and an interview is used to determine eligibility. We expect families to join with us at some sacrifice to help care for the needs of their child. A child needs to know that his parents or guardians care enough to make sacrifices. French Camp Academy looks to many other individuals and groups for contributions to help cover other costs for operating its ministry. We depend on the family to network with their extended family, friends, churches and other entities to help defray the costs.

Expenses—The cost to board and educate a resident student is $18,000 per academic year. A non-refundable annual entrance fee of $350 in addition to first month’s tuition is expected when the student enrolls at FCA. This fee covers laundry supplies, some school supplies, a medical deposit, a school yearbook, and activity fee. No more than $50 per month is recommended for your child’s personal spending money.

How to apply—After reading this summary, if FCA sounds like the place for your child, you must complete an application packet which is either attached or may be requested by calling the number below. The application process has two basic components that must be completed before a child is considered: a packet of written forms and a campus interview with you and your child. Both are crucial elements of our decision-making process. If your child is accepted, you will be notified if a room is available or if your child is on a waiting list. You will also be contacted if your child is not accepted so that you can pursue other options.

Reasons a child may not be accepted

- Youth court involvement - We consider both the frequency and the gravity of the offense(s).
- Unwillingness to come to French Camp Academy - We are not a detention facility. A child chooses to be here out of a desire for change. No child who desires to leave, after a time of adjustment, is kept against his will.
- Requires specialized education - We have neither a program nor personnel to meet special needs. This includes a child who is several grades below grade level.
- Health problems or limitations - Some problems cannot be accommodated in a setting such as ours.
- Emotional problems that require ongoing counseling or therapy - We do not have professional counselors or psychologists on our staff.
- History of inappropriate sexual activity
- Violent or destructive behavior

Parent or Guardian: Based on this list, if you question whether or not your child meets the general criteria for admission to FCA, you should call and discuss the situation with admissions personnel prior to completing the application packet.

May God bless you and your family as you seek the best for your child.
Application for Admission

To the Parent or Guardian: Please study carefully the information sent you regarding the school. If you then feel that this school might meet your child’s needs, complete this form and return it to us with the mandatory $20 non-refundable processing fee.

Please print

1. Applicant’s full name ______________________ Date of Birth __________
   Preferred name ____________________________
   Age ______ Sex ______ Social Security number ____________________________ (Attach copy of card.)
   Street or PO Box ____________________________
   City __________________________________________ State ______ Zip+4 ____________
   2. Who has legal custody? ____________________________ (Attach copy of court order if so decreed.)

3. Father’s name ____________________________
   Street address or PO Box ____________________________
   City ____________________________ State ___ Zip+4 ____________ Home phone (____ ) ____________
   Place of employment ____________________________
   Job title ______________________________________ Business phone (____ ) ____________

4. Mother’s name ____________________________
   Street address or PO Box ____________________________
   City ____________________________ State ___ Zip+4 ____________ Home phone (____ ) ____________
   Place of employment ____________________________
   Job title ______________________________________ Business phone (____ ) ____________

5. Step-parent’s name (if applicable) ____________
   Place of employment ____________________________
   Job title ______________________________________ Business phone (____ ) ____________

6. With what church/religion is child affiliated? ________


8. What is approximate height of applicant? ________ weight? ________

9. Does applicant have any speech, hearing, or other physical defects? □ Yes □ No If so, describe briefly.
   ____________________________________________

10. Has applicant ever had an eating disorder such as bulimia or anorexia nervosa? □ Yes □ No
    If yes, explain. ____________________________________________

11. Has applicant ever used any type of drugs, alcohol, or tobacco? □ Yes □ No
    If yes, explain. ____________________________________________
Application Continued

12. Has applicant ever been in trouble with the law?  ☐ Yes ☐ No
   If yes, explain. ________________________________

13. Has applicant stayed in any other home or institution?  ☐ Yes ☐ No
   If yes, give name/address. ______________________

14. Does applicant know any students at or graduates of French Camp Academy?  ☐ Yes ☐ No
   Please list their names: ________________________

15. Has applicant ever been suspended from school?  ☐ Yes ☐ No  expelled?  ☐ Yes ☐ No asked to withdraw?  ☐ Yes ☐ No
   If so, give particulars; include the principal’s name and address of school. ______________________

16. List school activities, offices held, club membership, hobbies, etc. in which the applicant is involved. ______________________

17. APPLICANT’S STATEMENT OF RESPONSIBILITY:
   If I am accepted as a student of French Camp Academy, I agree to obey the rules and regulations, to make
   the best use of this opportunity to go to school, and to carry out the duties assigned to me to the best of my
   ability. I give my consent to use any photographs or facsimiles of myself in FCA publications/presentations.

   ______________________  ______________________
   Signature of student      Date

18. PARENT’S/GUARDIAN’S STATEMENT OF RESPONSIBILITY:
   As a parent, guardian, or sponsor of the applicant, I am enrolling my child with the intention of his/her con-
   tinueing at FCA for the complete school year unless school authorities find it necessary to dismiss him/her.
   I have read all the information regarding the Academy and agree to cooperate with all its requirements.

   I give my consent to the use of corporal punishment as the Academy deems necessary for the correction and
   training of my child. I understand that such discipline is always administered in the presence of a second adult
   staff member and that a record is kept on file as to the reason and the amount administered.

   I understand that the work my child does is compensated in school expenses and not in cash.

   I give my consent to use any photographs or facsimiles of my child in FCA publications/presentations.

   When my child withdraws I understand that French Camp Academy is neither responsible for any possessions
   left behind, nor for mailing them to me.

   The signing of this application by the applicant and his/her parents or guardian, and filing of same with French
   Camp Academy, shall have all the force and effect of a binding contract if the applicant is accepted and for as
   long as he/she shall remain at the school.

   ______________________  ______________________
   Relationship: ☐ parent ☐ guardian, or ☐ sponsor      Date
Medical History

To be completed by parent or guardian

1. Applicant’s name ____________________________ Date of birth ________ Age _____ Sex _____

Social Security number ____________________________
Street address or PO Box ____________________________

City ____________________________ State ________ Zip+4 ______________

2. Name/address of your personal/family physician. If none, name/address of physician last seen. If none, so state.

Physician’s name: ____________________________ Street address: ____________________________

City: ____________________________ State: ________ Zip+4: ______________

3. Date, reason last seen, and results.

__________________________________________________________

4. Have you ever had a disease or disorder of or been treated for trouble with: (Check if yes.)

- heart
- liver
- high blood pressure
- heart murmur
- tumor
- paralysis
- anorexia nervosa

- urinary tract
- lungs
- chest pain
- tuberculous
- growth
- arthritis

- digestive system
- back, bones, or joints
- seizure
- alcohol or drugs
- thyroid
- nervous or mental

- reproductive system
- diabetes
- rheumatic fever
- cancer
- stroke
- bulimia

Other physical disorder or deformity? ____________________________________________

Explain any disorder you checked: __________________________________________________________

5. Within the past 3 years, have you consulted any doctor other than the one listed in #2, been hospitalized, or medical care?  Yes ☐ No ☐ If yes, who and why? ________________________________________________________________

6. Are you taking any medication or receiving any treatment or therapy?  Yes ☐ No ☐

If yes, what? ________________________________________________________________

7. Please check any of the diseases you have had.  Measles ☐ Mumps ☐ Chickenpox

8. Any allergic reactions to food, drugs, plants, insects, or other substances? __________________

Continued on next page
Medical History Continued

9. Have you ever been physically or sexually abused? ☐ Yes ☐ No  Explain ____________________________

10. Have you ever been sexually active?  ☐ Yes ☐ No  Are you now?  ☐ Yes ☐ No

<table>
<thead>
<tr>
<th>GIRLS ONLY</th>
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<tbody>
<tr>
<td>Length of period? ____________________________ Do you have pain? ☐ Yes ☐ No  How long? ________</td>
</tr>
<tr>
<td>Do you stay in bed? ☐ Yes ☐ No  How long? ____________________________</td>
</tr>
<tr>
<td>State other symptoms: ________________________________________________</td>
</tr>
</tbody>
</table>

12. Do you have any vaginal discharge? ☐ Yes ☐ No  Have you ever had? ☐ Yes ☐ No

13. Are you taking birth control pills? ☐ Yes ☐ No

14. Have you ever been pregnant?  ☐ Yes ☐ No

15. Have you ever had an abortion?  ☐ Yes ☐ No

16. Have you ever had to discontinue school for any length of time because of physical or nervous disturbance? ☐ Yes ☐ No  If yes, explain ____________________________  How long? ________

17. Are you taking any medication now?  ☐ Yes ☐ No

What kind? ____________________________

18. Have you ever required the services of a psychiatrist or a consulting psychologist or therapist?  ☐ Yes ☐ No

If so, indicate full names and addresses of those who have treated you, give dates, and attach reports.

19. Please provide details if you are now or have ever taken Ritalin/Cylert, any other stimulants, or anti-depressants.

____________________________________________________________________________

French Camp Academy properties have been inspected in accordance with the Environmental Protection Agency guidelines for the presence of any asbestos-containing materials. A detailed report and management plan have been submitted to the State Department of Education and are available upon request. Appropriate care and management of the materials are being carried out by our staff with the aid of qualified professionals.

Boarding Student Application 1/2015
Medical Exam

To be completed by examining physician

Name of Applicant

Height ______ Weight _______ lbs  Blood pressure _______ Pulse _______

Check and, explain if abnormal

1. Skin................................................. Normal □ Abnormal □
2. Head, Scalp ...................................... Normal □ Abnormal □
3. Eyes, Pupils ...................................... Normal □ Abnormal □
4. Fundoscopic...................................... Normal □ Abnormal □
5. Ears..................................................... Normal □ Abnormal □
6. Nose, Sinuses .................................... Normal □ Abnormal □
7. Mouth, Teeth..................................... Normal □ Abnormal □
8. Pharynx, Tonsils................................. Normal □ Abnormal □
9. Lymphadenopathy............................... Normal □ Abnormal □
10. Breasts............................................. Normal □ Abnormal □
11. Lungs............................................... Normal □ Abnormal □
12. Neck, Trachea, Thyroid ....................... Normal □ Abnormal □
13. Heart............................................... Normal □ Abnormal □
14. Abdomen......................................... Normal □ Abnormal □
15. Genitalia.......................................... Normal □ Abnormal □
16. Pelvic, Vaginal, Rectal ....................... Normal □ Abnormal □

(Optional)
17. Spine, Musculoskeletal ......................... Normal □ Abnormal □
18. Extremities....................................... Normal □ Abnormal □
19. Reflexes............................................. Normal □ Abnormal □

Eye Examination

Vision R _____ / _____ L _____ / _____
Corrected Vision R _____ / _____ L _____ / _____

Hearing Examination

Hearing R __________________________

Comments __________________________

Do you consider applicant physically fit to participate in school activities including P.E. and work program at FCA?

____________________________________

Would you advise any limitation of physical activity? _______ If yes, why? ______________________________________

____________________________________

Does examinee appear emotionally stable? __________________________

Is applicant taking any medication? If so, please give information and prescription.

____________________________________

Does examinee have any known sexually transmitted diseases? _______ If yes, explain. ______________________

____________________________________

Please provide history of any serious illness, injury, surgery, drug reaction, and additional comments here.

____________________________________

Continued on next page
Medical Exam Continued

**Required Laboratory Studies**

(Applicant cannot be accepted for admission unless all laboratory studies are completed.)

1. CBC _______ VDRL _______ Blood Sugar _______ Hb _______
   gmWBC _______ Differential _______

2. Urine Analysis: Specific gravity _______ alb _______ Sugar _______
   Microscopic _______

3. Drug Screen - Attach lab report

4. HIV Test - Attach lab report

I hereby certify that the applicant is free from any infectious disease, is in good general health, and is able to live and work in a boarding school setting.

Signature of physician __________________________ Date ________________

Print or type physician’s name __________________________

Address __________________________ City __________________________

State __________ Zip __________ Phone (___) ________

**Sports Eligibility**

Rule 1, Sec. 13 --- No pupil shall be eligible to represent their school in interscholastic athletics unless there is, on file in the Superintendent’s or Principal's office, a physician’s statement for the current year certifying that the pupil has passed an adequate physical examination and that in the opinion of the examining physician he/she is fully able to participate in high school athletics.

This is to certify that on this date ______________, I performed the above limited examination on ______________ __________________________ of the French Camp School and, based upon an evaluation of the medical history provided and upon my limited examination, I am of the opinion that he/she is physically able to participate in ALL □ LIMITED □ athletic events of the school.

Signature of physician __________________________ (M.D. or D.O.)

Print or type name of physician __________________________

**Required Dental Examination**

My general dental examination on this student reveals no reason to restrict diet, sports, work, or other areas of life in a boarding school setting.

*Please note any limitations* __________________________

Signature of dentist __________________________ Date ________________

Print or type dentist’s name __________________________

Address __________________________ City __________________________

State __________ Zip __________ Phone (___) ________

Boarding Student Application 1/2015
Authorization to consent to Medical Treatment for Minor Child

We (I), ____________________________ of ___________________________,

Your name(s)                                     City

__________________________________________ County, ___________________________, do hereby state that we (I)

County                                              State

are the legal guardian(s) having legal custody of ____________________________

__________________________

Child’s name

a minor, age _______, born ____________________, who resides with us at ____________________________

Age   Date of birth        Street address or PO Box

__________________________________________

City     State     Zip

We (I) authorize French Camp Academy in the city of French Camp, County of Choctaw, State of Mississippi, to

consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care, to

be rendered to the minor under the general or special supervision and on the advice of any physician or surgeon

licensed to practice in the State of Mississippi, when the need for such treatment is immediate, and when efforts

to contact me (us) are unsuccessful. The above implies and authorizes immunizations.

Dated the ____________________________ of _____________________________.

Day    Month     Year

__________________________________________  ____________________________

Signature of parent or legal guardian             Guardianship expiration date

Child’s doctor ______________________________________

Any medications child takes regularly ______________________________________

__________________________________________

__________________________________________

__________________________________________
## Insurance Information

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<tbody>
<tr>
<td>Student’s full name</td>
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<tr>
<td>Date of birth</td>
<td></td>
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<tr>
<td>Student’s social security number</td>
<td></td>
</tr>
<tr>
<td>Custodial Parent’s full name</td>
<td></td>
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<td>Address</td>
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<tr>
<td>City</td>
<td>State  Zip</td>
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<td>Home phone</td>
<td>Work phone</td>
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<td>Cell phone numbers</td>
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## Name and Information of Parent/Guardian Responsible for Medical Expenses

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<tbody>
<tr>
<td>Full name</td>
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<tr>
<td>Birth date</td>
<td>Social security number</td>
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<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>State  Zip</td>
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<td>Home phone</td>
<td>Work phone</td>
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<td>Cell phone numbers</td>
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## Insurance Information: (Please include copy of insurance card.)

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<tbody>
<tr>
<td>Policy holder’s full name</td>
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<tr>
<td>Insurance company</td>
<td></td>
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<tr>
<td>Policy number</td>
<td></td>
</tr>
<tr>
<td>Insurance company address</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>State  Zip</td>
</tr>
</tbody>
</table>

I hereby give permission to the physician selected by French Camp Academy to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child. I also agree to assume obligation for any necessary expenses my child may incur while at French Camp Academy.

__Signature of parent/guardian__  __Date__

## Emergency Contacts: (Someone not previously listed)

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<tbody>
<tr>
<td>Full name</td>
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<td>Home phone</td>
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<td>Cell phone number</td>
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Boarding Student Application 1/2015
Dear Administrator,

______________________________ has made application to French Camp Academy. Since the student is being evaluated for admission, please send us an unofficial copy of his/her transcript, standardized test results, current schedule and grades, IEP, and immunization record.

We appreciate your assistance in the interest of this child. If this student enrolls at French Camp Academy, we will contact you for transfer of official files.

Sincerely,

FCA Office of Student Life

662-547-6484
Financial Responsibility Statement

**Entrance Fee** - Everyone must pay at registration a $350 non-refundable entrance fee for the regular term. This fee covers school, basic medical, and laundry supplies, a school yearbook, and student activities. The entrance fee is separate from all other fees. A student who enters after January 1 pays a $265 entrance fee.

**Room, Board, Tuition Fee** - The room, board, and tuition fee is $1,800 per month from August through May, including any partial months your child is at French Camp Academy. This fee is non-refundable.

**Personal Spending Money** - Personal spending money is payable each month from August through May. FCA recommends $10 per week, but no more than $50 monthly.

**Insurance** - Every student is required to have insurance coverage. If you have none, 24-hour accident coverage must be purchased at registration.

**Note:** All money orders/checks must be sent payable to ‘French Camp Academy’ and mailed directly to our Business Office. *Please DO NOT send money or checks directly to your child.*

**Entrance fee and room, board, and tuition fee are non-refundable.**

**Only personal spending money is refundable if there are no other expenses outstanding.**

After a child is enrolled, a monthly financial statement will be mailed to the responsible party. Your statement should arrive within 10 days of the billing date. Tuition and student spending payments may be made in one monthly payment and are due on the first of every month. Any funds received in our Business Office after the billing date on your statement will be shown on the following month's statement.

If you have questions, please contact us.

Terms __________________________ Office of Student Life approval __________________________

Child’s full name __________________________

For and in consideration of your allowing the above named child to attend French Camp Academy, I agree and promise to pay on the first day of each month for room, board, and tuition the sum of $ ___________ and at the same time each month for personal spending money for said child, the amount of $ ___________. I also agree and promise to reimburse French Camp Academy for all funds paid or cost incurred by it as a result of any medical attention received by said child including, but not limited to, the cost of all hospitals, doctors, drugs, prescriptions, and medical supplies. I understand and agree that I will also pay for all attorney fees incurred by French Camp Academy to secure these monies should I fail to meet my obligations as stipulated above. I have been advised that my child cannot take semester exams or participate in graduation exercises if I fail to keep his/her account current. Further, I understand that this agreement is to be construed according to the laws of the State of Mississippi.

__________________________
Signature of parent/guardian/sponsor

__________________________
Relation to child

__________________________
Street address or P.O. Box

__________________________
Date

__________________________
City, State, Zip

FRENCH CAMP ACADEMY
One Fine Place
Financial Aid Application

Student’s name ___________________________ Social Security number _______________________

Custodial parent’s name ______________________ Phone number ____________________________

Present address ________________________________________________________________

Street   City   State   Zip

How long at this address? __________________

Number of dependants? __________ Ages of dependants? ________________________________

Who claims child on tax return? __________________ Relationship? _______________________

Ever received financial aid at FCA? _______ Explain. ______________________________________

INCOME - Please enclose a copy of your latest IRS tax return.

Employer’s name & address ____________________________________________________________

Employer’s phone number __________ Position or title _________________________________

Date of hire ________ Present annual salary ________ Other income ________ Source of other income ______

Benefit amounts received by child: Death __________ Disability __________ Social Security __________

Child support ________________

Spouse’s employer’s name & address ___________________________________________________

Employer’s phone number __________ Position or title _________________________________

Date of hire ________ Present annual salary ________ Other income ________ Source of other income ______

ASSETS Checking account __________ Saving account __________ Other funds __________

Home value ________________ Other real estate ______________ Other substantial assets __________

Alimony ________________

<table>
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<th>DEBTS</th>
<th>Type of debt</th>
<th>Original debt</th>
<th>Present balance</th>
<th>Monthly payments</th>
<th>Past due Yes/No</th>
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The foregoing is true and correct to the best of my knowledge, and I understand it will be used to determine the need for financial aid from FCA.

Husband’s signature __________________________ Wife’s signature __________________________ Date of application __________________________
Confidential Reference
(Please print 4 copies of the two-page Reference Form to be completed by those who know the child well.)

Mission Statement of French Camp Academy

French Camp Academy, a Christ-centered home and school, exists to serve young people and families for the glory of God.

Office of Student Life – French Camp Academy
One Fine Place – French Camp, MS 39745-9700
662-547-6484 (Phone) – 662-547-7215 (Fax)

Dear Friend: Please help support this child by promptly completing this form and mailing or faxing it as soon as possible to the above address or fax number.

Name of applicant ____________________________ Age ______ Sex ______ Grade ______

1. Please describe attitudes, personal relationships and atmosphere you have observed between parents and applicant.

__________________________________________________________________________

__________________________________________________________________________

2. What is the marital relationship in the applicant’s home?
   - parents married and living together  [ ] Yes [ ] No
   - natural parent and stepparent  [ ] Yes [ ] No
   - one parent deceased  [ ] Yes [ ] No
   - parents separated  [ ] Yes [ ] No
   - parents divorced  [ ] Yes [ ] No
   - other situation – Explain ________________________________________________

3. Is the student living with at least one parent?  [ ] Yes [ ] No
   If no, with whom is the student living (eg. grandparent, guardian, uncle?)

__________________________________________________________________________

4. Has applicant slipped out of house or run away from home?  [ ] Yes [ ] No
   Explain if yes.

__________________________________________________________________________

5. Has applicant been expelled from school, had “in-school” suspension or received other school discipline?

__________________________________________________________________________

6. Has applicant ever used any type of drugs, alcohol or tobacco?  [ ] Yes [ ] No
   Explain if yes.

__________________________________________________________________________

7. Has applicant ever been in any type of trouble with the law or Youth Court?  [ ] Yes [ ] No
   Explain if yes.

__________________________________________________________________________

8. Has applicant ever been referred to or used services of a consulting psychologist or psychiatrist, had educational testing/evaluation or special education resources?  [ ] Yes [ ] No
   If yes, please attach summary report including recommendations.

__________________________________________________________________________

9. Are sexual conduct and habits questionable?  [ ] Yes [ ] No

Continued on next page
Confidential Reference Continued

10. Please give your opinion of this child’s overall appearance, honesty, character, maturity level, etc.

11. Does applicant attend church? □ Yes □ No
   If so, what denomination?
   Applicant attends regularly □ Yes □ No irregularly □ Yes □ No

12. Do you recommend applicant for enrollment in French Camp Academy? □ Yes □ No
    Comments: ____________________________

13. If you have knowledge of further information which may assist in the guidance of this child at FCA, such as pertinent medical data, physical, sexual abuse, pregnancy, abortion, or any other data of which the school should be aware, please indicate:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Signed_____________________________________________________________ Date__________

Relation to applicant ___________________________________________________
   (Teacher, pastor, principal, counselor, friend, etc.)

Address_______________________________________________________________

City __________________________ State _____ Zip __________

Telephone (_______) __________________________
Internet Privilege Guidelines

Mission Statement: French Camp Academy High School exists to glorify God by educating young people through a Christ-centered worldview of academics and essential life disciplines.

Network access and especially internet privilege is a vital part of the high school's fulfilling its mission so that you have a complete education. In general, computer access should be viewed as another avenue with which to glorify God by accessing knowledge that would otherwise not be readily available. This privilege has attendant responsibilities.

The following items and any others of like character will be considered unacceptable, inappropriate, or illegal use of a computer while at French Camp Academy. At the least, violators will lose computer privileges for a period of time.

1. Violating any law of the State of Mississippi or the United States, e.g. copyright infringement; installation and/or use of unauthorized software; creating a forged document or otherwise committing forgery; altering documents or records; music or movie piracy.
2. Creating, posting, publishing, or displaying materials which harass or hurt another.
3. Accessing, submitting, posting, publishing, transmitting, receiving, printing, or displaying pornographic, obscene, lewd, indecent, or vulgar pictures, graphics, or language.
4. Using the internet for personal or commercial advertising and/or financial gain.
5. Gaining unauthorized access to resources or information, e.g. others’ files or records; confidential information; outside internet accounts.
6. Invading the privacy of others, including revealing their personal addresses, e-mail addresses, or telephone numbers.
7. Circumventing security and/or identification measures, e.g. using another user’s account or password; attempting to use the internet while access privileges are denied, suspended, or revoked.
8. Posting anonymous messages and/or falsifying one’s identity.
9. Posting materials created by another person.
10. Using the internet in any way that will disrupt its use by others, e.g. starting or continuing chain letters; uploading or creating computer viruses; infecting or destroying another user’s data.

French Camp Academy High School

Internet Privilege Agreement

I have read and agree to abide by the Internet Privilege Guidelines for the use of a French Camp Academy internet account. I understand that failure to follow these guidelines will at the least result in my losing access privilege. I further understand that abuse of the privilege could result in additional consequences including civil or criminal penalty in a court of law and/or expulsion from French Camp Academy.

French Camp Academy makes no warranties of any kind, either expressed or implied, regarding the internet, and French Camp Academy bears no responsibility for accuracy or quality of information or services or loss of data. In consideration of my privilege of access to a student internet account, I hereby release French Camp Academy, its board members, and employees from any claims and damages arising from my use or inability to use the internet. I also agree upon request from the Principal to give French Camp Academy access to my off-site accounts if there is suspicion that information stored there has been viewed by or loaded on the French Camp server.

Student Signature ______________________  Print Name ______________________  Date __________

Sign (Parent / Guardian) ______________________  Print Name ______________________  Date __________
Statement of Education Philosophy

French Camp Academy Vision Statement

We envision French Camp Academy as a place where each student is exposed to the Truth of God’s Word in hope that they will at some point come to a saving knowledge of the Lord Jesus Christ.

French Camp Academy Mission Statement

French Camp Academy, a Christ-centered home and school, exists to serve young people and families for the glory of God.

Strategic Applications for carrying out the Overall Mission of FCA

1. Exposing students to God’s word is a priority for French Camp Academy;
2. Teaching principles of God-ordained covenant relationships which include: Marriage, Family, Children, Church, Work, Government, and Social Responsibility;
3. Actively encouraging students to develop godly character qualities including: Trustworthiness, Kindness, Compassion, Self-discipline, Mercy, Humility, Courage, Loyalty, Perseverance, Integrity, Leadership, Thankfulness, Modesty, and Faithfulness;
4. Teaching and Training Essential Life Disciplines including: Stewardship, Time Management, Strong Work Ethic, Social Skill, Hygiene, and Sexual Relation Purity;
5. Teaching the Preeminence of Jesus Christ in all Academic Disciplines.

Statement of Faith Adopted by French Camp Academy

The Westminster Confession of Faith and Catechism

God

I. God is the One being existing in three persons: the Father, the Son, and the Holy Spirit. God is the Sovereign, the Creator, and the Sustainer of all things. God is the source and end of all truth.

Scripture

II. The Scriptures are the written Word of God, inerrant in their original writings. They are the infallible authority by which He directs and governs all our activities, including the education of our children.

Person and Work of Christ

III. Jesus Christ is the eternally begotten Son of God. He was conceived by the Holy Spirit and born of the Virgin Mary. He is truly God and truly man. Through Christ’s life, death, resurrection, and ascension, He accomplished for His people a decisive victory over sin and death and established His kingdom among men.

Man

IV. Man was created in the image of God as a rational, moral, and spiritual being. Man sinned in Adam and fell with him in his first transgression. Man’s fall affected him spiritually, intellectually, and physically. Man is restored only by the renewing grace of the Holy Spirit and the cleansing blood of the Lord Jesus Christ.

Christ’s Return

V. The Lord Jesus Christ will return in glory and triumph for the final judgment and the consummation of His kingdom. All those who have truly repented of their sins and have received Christ as their personal savior will be eternally with the Lord Jesus Christ. All those who have failed truly to repent of their sins and have rejected the Lord Jesus Christ will be eternally damned without Christ in a literal hell.
Covenant

The mission of French Camp Academy is carried out in a community in which faith, integrity, respect, and accountability characterize our relationship with each other. French Camp Academy seeks to integrate our Christian faith into all aspects of school and home life. It is therefore assumed that all members of the FCA community desire meaningful involvement in a school that operates from traditional Judeo-Christian ethics. By enrolling, the student and parents/guardians accept responsibilities of membership in the school community. Those responsibilities are outlined in the covenant statement below:

Covenant - “A binding agreement”

This Covenant is between a family and French Camp Academy. The purpose is to define the relationship for the betterment of each French Camp Academy student. This agreement simply states what French Camp Academy will provide in this relationship and what the student and family/guardian will bring to the table. We must work together in the student’s life for lasting change to occur. If an attitude of we versus they is permitted, this relationship will fall drastically below its potential. There are certain responsibilities that each of us must carry for this relationship to be beneficial and God-honoring.

I/we have read, fully support, and will abide by all school policies, the Statement of Education Philosophy (copy is attached), the Student Handbook (available in the Principal’s and the Student Life Offices), and the requirements set forth in the Tuition Schedule of French Camp Academy. Furthermore, I/we understand and agree to the following:

1. I/We as parents assign to the houseparents, teachers, and administrators full responsibility in all matters of discipline according to the guidelines found in the Student Handbook. I/we understand that this includes corporal punishment. I/we also understand that our child may be dismissed from FCA for failure to comply with FCA rules.

2. I/We have read and understood that FCA adheres to a Christian philosophy of education as articulated in the school's adopted mission statement, statement of faith” and Christian world-life view goals.

3. It is further understood that the faculty and administration of the school seek to lead each student into a personal and vital relationship with Jesus Christ as Lord and Savior and provide biblical instruction to all students.

4. We understand that we are partnering with FCA to achieve specific objectives in our child's life. Therefore, we will support and apply these principles during our child’s breaks and weekends at home.

5. I/we am responsible for the timely payment of all tuition, other fees, or damages incurred to school property by my child. It is further understood that a student will not be admitted to class unless tuition payments are current and all fees paid unless an exception is granted by the finance committee. All bills must be paid before re-enrolling for the next term or receiving a report card.

6. My child has permission to take part in all school activities including field trips and athletic events.

Continued on next page
Parent Grievances

All grievances will be handled in accordance with the scriptural principles outlined in Matthew 18.

Step 1: Deal with the situation at its source. This means speak privately with the teacher or staff member in a constructive and supportive attempt to get clarification or resolution.

Step 2: Proceed to the next level of authority. This means speak with the principal or dean.

Step 3: If satisfaction is not realized by this point, then proceed to the president of the school.

Signing this form verifies that, as parents or legal guardian of a student at FCA, we have read and understood the Student Handbook. We are aware of the rules and regulations governing students during the regular school day, at all school sponsored functions, and in the dormitories. Furthermore, we understand that these rules and regulations have been approved by FCA’s Board of Trustees.

As parents we realize that it is our responsibility to see that our child abides by these rules and regulations while enrolled as a student at FCA and that non compliance may result in dismissal from the Academy.

PRINTED name of student

Date

Parent or guardian signature

Date

Parent or guardian signature

Date

Student signature
Student Information Sheet

Date completed____________________

Student’s full name __________________________________ Name student goes by ____________________

Home address __________________________________ Phone (____) __________________

City, State, Zip __________________________ Date of birth __________________________

Entering grade ______ Present age ______ Social Security number ____________________________

Parent/Guardian Information

First Contact – Person to whom FCA correspondence will be sent and primary contact will be made

Name __________________________________ Relationship __________________________

Address __________________________________

City, State, Zip __________________________________

Home Phone (_____) __________ Work Phone (_____) __________ Cell (_____) __________

Second Contact - Person to call if we can’t reach first contact

Name __________________________________ Relationship __________________________

Address __________________________________

City, State, Zip __________________________________

Home Phone (_____) __________ Work Phone (_____) __________ Cell (_____) __________

Emergency Contact: Person to call if we can’t reach first or second contact

Name __________________________________ Relationship __________________________

Address __________________________________

City, State, Zip __________________________________

Home Phone (_____) __________ Work Phone (_____) __________ Cell (_____) __________

If you wish to restrict anyone from having contact with your child, please indicate names:

________________________________________________________________________

________________________________________________________________________

If you wish to restrict anyone from having contact with your child, please indicate names:

________________________________________________________________________

________________________________________________________________________

Please indicate any special medical problems, e.g. seizures, asthma, insect bite reactions, allergies

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Name and address of last school attended __________________________________

________________________________________________________________________

________________________________________________________________________
Counseling Consent Form

Karen Cates, Family Counselor, ACBC  662-547-7238  kcates@frenchcamp.org

Under the Direct Supervision of: Bruce Hosket, VP of Student Life at FCA—662-547-6484

I am employed by French Camp Academy to offer counseling services to individuals, families, and groups. I am a certified Biblical Counselor through the Association of Certified Biblical Counselor. I have been counseling teens and their families for over 15 years in a variety of settings that involved church, youth court and juvenile drug court settings. I am also a certified PATH (Professional Association of Therapeutic Horsemanship) Instructor and enjoy integrating the horses as well as dogs into the counseling sessions. As a general rule, I will keep the information you share with me in our sessions confidential, unless I have your written consent to disclose certain information. There are, however, important exceptions to this rule. In some situations, I am required by law or by the guidelines of my profession to disclose information whether or not I have your permission.

Exceptions to Confidentiality

1. You tell me you plan to cause serious harm or death to yourself, and I believe you have the intent and ability to carry out this threat in the very near future. I must take steps to inform a parent or guardian of what you have told me and how serious I believe this threat to be. I must make sure that you are protected from harming yourself.

2. You tell me you plan to cause serious harm or death to someone else who can be identified, and I believe you have the intent and ability to carry out this threat in the very near future. In this situation, I must inform your parent or guardian, and I must inform the person you intend to harm.

3. You are doing things that could cause serious harm to you or someone else, even if you do not intend to harm yourself or another person. In these situations, I will need to use my professional judgment to decide whether a parent or guardian should be informed.

4. You tell me you are being abused—physically, sexually, or emotionally or that you have been abused in the past. In this situation, I am required by law to report the abuse to my supervisor, and it is his professional discretion if it will be reported to the local authorities.

5. You are involved in a court case and a request is made for information about your counseling or therapy. If this happens, I will not disclose information without your written agreement unless the court requires me to do so. I will do all I can within the law to protect your confidentiality, and if I am required to disclose information to the court, I will inform you that this is happening.

Communicating with your parent(s), guardian(s) and/or houseparent(s): Except for situations such as those mentioned above, I will not tell your parent, guardian, and/or houseparent specific things you share with me in our private therapy sessions. This includes activities and behavior that your parent, guardian, and/or houseparent would not approve of, or would be upset by, but that do not put you at risk of serious and immediate harm. However, if your risk-taking behavior becomes more serious, then I will need to use my professional judgment to decide whether you are in serious and immediate danger of being harmed. If I feel that you are in such danger, I will communicate this information to your parent, guardian, and/or houseparent. You can always ask me questions about the types of information I would disclose. You can ask in the form of “hypothetical situations.” In other words: “If someone told you that they were doing _______, would you tell their parents, guardian and/or houseparents?” Even if I have agreed to keep information confidential – to not tell your parent or guardian – I may believe that it is important for them to know what is going on in your life. In these situations, I will encourage you to tell your parent, guardian, and/or houseparents and will help you find the best way to tell them.

Communicating with your School: I will not share any information with your school unless I have your permission and permission from your parent, guardian, and/or houseparent(s) to do so.
Counseling Consent and Agreement

Student: Signing below indicates that you have reviewed the policies described above and understand the limits to confidentiality. If you have any questions as we progress with therapy, you can ask your therapist at any time.

☐ I understand that some therapy sessions may be video or audio recorded. The video or audio will only be viewed /listened to by the counselor and her supervisor.

________________________   ______________________________
Date of Birth    Dorm

The state of Mississippi requires parental consent for any individual under the age of sixteen (16) to receive counseling therapy.

Parent/Guardian/Houseparent: Check boxes and sign below indicating your agreement:

☐ I understand that upon request I will be provided with periodic updates about general progress, and/or may be asked to participate in therapy sessions as needed.

☐ I understand that I will be informed about situations that could endanger my child/student. I know this decision to breach confidentiality in these circumstances depends on the therapist’s professional judgment and may sometimes be made in consultation with his supervisor.

☐ I understand that some therapy sessions with my child/student may be video or audio recorded. The video or audio will only be viewed /listened to by the counselor and her supervisor.

________________________   ______________________________
Parent/Guardian/Houseparent Signature    Date

________________________   ______________________________
Counselor Signature     Date
Counseling Client Registration Form

Legal Name__________________________________________Preferred Name: _______________________

Date of Birth__________________________

Cell Phone #:__________________________ Email: _______________________

Legal Guardian/Parent Information

Name__________________________

Relationship__________________________

City__________________________ State________

Phone__________________________

What type of job(s) do they have?__________________________

Approximate Age(s)__________________________

Legal Guardian/Parent Information (if different)

Name__________________________

Relationship__________________________

City__________________________ State________

Phone__________________________

What type of job(s) do they have?__________________________

Approximate Age(s)__________________________

Family Information (if known)

Are you adopted? ☐ Yes ☐ No

Is there a family history (includes brothers, sisters, parents, & grandparents) of: Check any that apply

☐ Depression ☐ Suicide Attempts ☐ Anxiety ☐ Eating Disorders ☐ Mental Illness

☐ Violence ☐ Sexual Abuse ☐ Emotional Abuse ☐ Alcoholism/Drug Addiction ☐ Chronic Illness

Medical Information

Do you have any major or chronic illnesses/injuries?__________________________

Have you ever had any operations?__________________________

Do you currently take any medications? _______________________

__________________________________________________________

__________________________________________________________

__________________________________________________________

__________________________________________________________

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Continued on next page
Counseling Information *Continued*

Have you experienced any of the following? If so, please indicate when and with whom.

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<th>Experience</th>
<th>When?</th>
<th>Who?</th>
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<td>Death of a friend or family member</td>
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<td>Serious illness or injury of a family member</td>
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<td>Parent/Guardian’s divorce</td>
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<td>Witnessed violence in your home</td>
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<td>Physical/Sexual/Verbal abuse (circle)</td>
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<td>Hospitalization (of yourself)</td>
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Have you ever received counseling before?  

- [ ] Yes
- [ ] No

If so, please describe when and why:

______________________________________________________________________________________________

______________________________________________________________________________________________

Have you ever taken medication for psychiatric or emotional problems?  

- [ ] Yes
- [ ] No

If so, please describe when, what medication, and why:

______________________________________________________________________________________________

______________________________________________________________________________________________

**Spiritual Resources**

How significant a role does spirituality play in your life (check one)

- [ ] None
- [ ] Somewhat Important
- [ ] Significant
- [ ] Very Significant

Do you attend church (or other religious services)?  

- [ ] Yes
- [ ] No

Is there anything else you think I should know about you before we start counseling?

______________________________________________________________________________________________

______________________________________________________________________________________________

What are your thoughts and/or feelings about participating in counseling?

______________________________________________________________________________________________

______________________________________________________________________________________________
Family Networking List

In an effort to mobilize family and friends to help defray expenses, please give us the names of four individuals who may be interested in supporting the ministry of French Camp Academy. They will receive a brief description of French Camp Academy in the mail encouraging them to prayerfully consider financial support. They will also receive our quarterly newspaper called *FCA Today* updating them on French Camp activities.

*(Please print clearly.)*

Guardian’s Name

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Student’s Name

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Names of Family and Friends:

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<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Spouse</th>
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<tr>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
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<tr>
<th>Home Phone</th>
<th>Cell Phone</th>
<th>E-mail</th>
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</table>
Athletic Participation Clearance Form

I hereby give consent for my child, __________________________, to participate in the French Camp Academy School District’s athletic program during the _______________ school year.

I hereby authorize and give permission for emergency medical treatment to be rendered for and on behalf of my child, __________________________, for any injury received while participating in any supervised, school related sports activity. This authorization includes, but is not limited to, any treatment deemed necessary by certified personnel, physicians, hospital emergency room physicians and hospitals.

I hereby release the French Camp Academy School District and all school personnel from any and all liability associated with such necessary treatment.

I hereby acknowledge that health and accident insurance is required for participation in all organized athletic activities and further certify that my child is covered under the health and accident program listed below.

School day insurance__________________________________________________________

Policy #__________________________________________________________

Other Insurance__________________________________________________________

Policy #__________________________________________________________

Name of agent__________________________________________________________

The French Camp Academy School District is prohibited by law from paying any expense incurred for any accident involving a student on school property or participating in school activities and does not provide health or accident insurance for participants in athletic programs.

Therefore, I assume any expenses for liability not covered by the above required insurance policy for injury received by the above named student while participating in sports authorized above. I accept full responsibility for medical and hospital expenses and any other related expenses. I do hereby hold harmless the French Camp Academy School District, the Board of Trustees, and their agents or assignees of responsibility for any such injury or expenses and waive any and all claims which may arise against them. I realize that participation in organized athletics inherently involves the potential for injury, sometimes severe enough to result in total disability, paralysis, or death.

________________________________________

Parent/Legal Guardian

________________________________________

Date
## MISSISSIPPI ATHLETIC PARTICIPATION FORM

### ATHLETIC HEALTH HISTORY

**Please Print**

<table>
<thead>
<tr>
<th>Name</th>
<th>Date</th>
<th>School</th>
<th>Grade</th>
<th>Sport(s)</th>
<th>Age</th>
</tr>
</thead>
<tbody>
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</table>

**Mailing address:**
Office of Student Life  •  One Fine Place  •  French Camp, MS 39745-9700  •  662-547-6484  •  FAX: 662-547-7215

### FAMILY MEDICAL HISTORY

Has any member of your family under age 50 had these conditions?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Condition</th>
<th>Whom</th>
</tr>
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</table>

### ATHLETE’S ORTHOPAEDIC HISTORY

Has the athlete had any of the following injuries?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Condition</th>
<th>Date</th>
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### ATHLETE’S MEDICAL HISTORY

Has the athlete had any of these conditions?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Condition</th>
<th>Date</th>
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Previous Surgeries:

To the best of our knowledge, we have given true and accurate information and we hereby grant permission for the physical screening evaluation. We understand the evaluation involves a limited examination and the screening is not intended to nor will it prevent injury or sudden death. We further understand that the examination will be provided without expectation of payment and that the physician and any other medical professionals providing services may be immune from liability under Mississippi law.

### WAIVER FORM

This waiver, executed this ______ day of ______, 200____, by __________________________, M.D., and __________________________, is executed in compliance with Mississippi law, with full understanding that if a physician voluntarily provides needed medical or health services to any program at an accredited school in the state without expectation of payment, the physician will be immune from liability for any civil action arising out of the provision of those medical and/or health care services which were provided in good faith on a charitable basis. Such immunity does not extend to willful acts or gross negligence.

**Typed or Printed Name of Patient**

**Signature of Patient**

**Signature of Parent or Guardian (if Patient is 17 or younger)**

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### General Medical Exam

<table>
<thead>
<tr>
<th>Blood Pressure</th>
<th>Pulse</th>
<th>Orthopaedic Exam</th>
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<tbody>
<tr>
<td>ENT</td>
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<tr>
<td>Lungs</td>
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<td>Heart</td>
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<td>Abdomen</td>
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<tr>
<td>Skin</td>
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<tr>
<td>General Health Comments</td>
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<tr>
<td>FLEXIBILITY</td>
<td>LEFT</td>
<td>RIGHT</td>
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<td>Neck</td>
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<td>Hips</td>
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<tr>
<td>Hands Flex</td>
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</table>

### Comments

- [ ] From this limited screening I see no reason why this student cannot participate in athletics
- [ ] Student needs further evaluation as described

**Typed or Printed Name of Physician**

**Signature of Physician**

Boarding Student Application 1/2015

Mailing address: Office of Student Life • One Fine Place • French Camp, MS 39745-9700 • 662-547-6484 • FAX: 662-547-7215

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### School Supply List

#### Second Grade
- 1 pack of glue sticks
- 2 packs of markers
- 2 packs of #2 pencils
- 1 pair scissors
- 2 packs of 24 count crayons
- 1 pack Clorox wipes
- 1 box of Kleenex
- 1 bottle of Germ-X
- 1 pack construction paper
- 2 spiral notebooks
- 1 story journal (has a place for a picture at top and words at bottom)
- 2 plastic/vinyl folders in yellow and green (with pockets)
- 2 packs of loose leaf paper (wide ruled)

#### Third Grade
- 3 composition books (2 red, 2 blue, 1 yellow)
- 8 packs of loose leaf paper - wide ruled
- 8 vinyl folders - not paper (2 red, 2 blue, 2 orange & 2 purple)
- 2 large packs of mechanical pencils and lead
- 1 box of 24 count crayons
- 1 pair scissors
- 4 boxes of Kleenex
- 1 pack of Expo markers (8 markers)
- 2 high lighters (4 colors to a pack)

#### Fourth Grade
- 5 composition books (2 red, 2 blue, 1 yellow)
- 8 packs of loose leaf paper - wide ruled
- 8 vinyl folders - not paper (2 red, 2 blue, 2 orange & 2 purple)
- 2 large packs of mechanical pencils and lead
- 1 box of 24 count crayons
- 1 pair scissors
- 4 boxes of Kleenex
- 1 pack of Expo markers (8 markers)
- 3 containers Lysol wipes
- 2 high lighters (4 colors to a pack)

#### Fifth Grade
- 3 packs of #2 pencils (24 per pack)
- 2 - 12 pack colored pencils
- 1 pack 8 count washable thin markers
- 4 boxes of Kleenex
- 2 Germ-X sanitizer
- 1 roll paper towels
- 1 pencil pouch
- 1 pack cap erasers
- 2 pack pink erasers
- 2 glue sticks
- 4 black Expo markers
- 1 pack Clorox wipes
- 4 packs loose leaf paper (wide ruled)
- 1 hand held pencil sharpener (with a top to collect shavings)
- 4 spiral notebooks
- 3 composition notebooks
- 2 three inch binders
- 5 vinyl folders (red, blue, green, purple, orange) with pockets (NO BRADS)
- 1 pair of scissors

#### Sixth Grade
- 3 packs of #2 pencils (24 per pack)
- 2 - 12 pack colored pencils
- 1 pack 8 count washable thin markers
- 4 boxes of Kleenex
- 2 Germ-X sanitizer
- 1 roll paper towels
- 1 pencil pouch
- 1 pack cap erasers
- 2 pack pink erasers
- 2 glue sticks
- 4 black Expo markers
- 1 pack Clorox wipes
- 4 packs loose leaf paper (wide ruled)
- 1 hand held pencil sharpener (with a top to collect shavings)
- 4 spiral notebooks
- 3 composition notebooks
- 2 three inch binders
- 5 vinyl folders (red, blue, green, purple, orange) with pockets (NO BRADS)
- 1 pair of scissors

#### Junior High/High School
- 4 packs notebook paper
- 4-1” binders
- 12 pencils
- blue/black pens
- 2 high lighters
- ruler

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*Please check the website, www.frenchcamp.org under the “parents” tab, near the beginning of the school year for any changes to the supply list.*
FCA List of Needed Items for Boys

Please mark all items with your child’s name.

Clothing
- uniform items required for school – listed on page 32
- school shoes - closed toe style
- school belt – regulations listed on uniform page
- French Camp panther t-shirts and sweatshirts available at FCA only
- 2 - 3 pair of dress pants and shirts and dress belt and 1 pair of dress shoes
- 1 - 2 neck ties
- 2 - 3 shirts (for times other than school)
- 2 - 3 slacks/jeans - that are not frayed, torn, or holey - for times other than school
- 8 - 10 pair of underwear
- 8 - 10 pair of socks
- bathing suit - loose boxer style with a waist tie and rubber beach shoes
- shorts/shirts/shoes adequate for sports
- rain boots and raincoat and umbrella
- jacket and heavy coat
- modest sleep wear
- old pants, shirts, and boots/shoes for outdoor work
- chorus students must have white dress shirt, dark colored tie, and black slacks

All students - required
- toothpaste/brush/shampoo/deodorant/soap/hair spray - no aerosols
- liquid hand soap
- shaving equipment/hairbrush
- silverware/drinking cup/plate for dorm use
- clothes hangers
- laundry basket - no bags
- comforter or quilt/2 sets of sheets/1 pillow/ 2 non-electric blankets/waterproof mattress pad - all twin bed size
- 5 - 7 wash cloths & towels
- alarm clock with battery backup – no radios
- NIV Bible
- stationary/stamps
- pens/pencils/school bag/book covers/calendar/basic school supplies
- desk lamp

All students - optional
- indoor games
- cue stick for pool/ping pong paddle/softball glove/ bat/ ball
- fishing equipment/bike & bike lock/tennis racket/frisbee/basketball/football
- flashlight/sleeping bag
- track shoes
- horse riding boots
- guitar (no amps), musical instruments
- thermal underwear
- large rubbermaid type storage box for food storage
- plastic bins, baskets for organizing
- fabric softener/spot remover for clothing

Please don’t bring any of the following
stereos/televisions/computers/computer disks & games/portable musical devices/ipods/video games/hand held games/paint ball guns/weapons/fireworks/cellular phones/pagers/aerosol sprays/cameras/video cameras

All medications should be left with your child’s houseparent not your child!
FCA List of Needed Items for Girls

Please mark all items with your child’s name.

Clothing
- uniform items required for school – listed on page 32
- school shoes - closed toe style
- French Camp Panther t-shirts and sweatshirts available at FCA
- 3 - 4 dresses/skirts for church wear - modest and knee-length
- 2 - 3 shirts/sweaters - for times other than school
- 2 - 3 slacks/jeans - that are not frayed, torn, tight, holey for times other than school
- sweater/jacket and heavy coat and raincoat and umbrella
- 7 - 10 sets of undergarments
- modest sleep wear, robe & slippers
- 7 - 10 sets of socks/hose
- shorts/shirts/shoes appropriate for sports
- swimsuit (see attached for regulations) and swimsuit cover-up and beach shoes
- chorus students must have white dress shirt and black slacks or skirt

All students - required
- toothpaste/brush/shampoo/deodorant/soap/non-aerosol hair spray
- liquid hand soap
- shaving equipment/hairbrush
- silverware/drinking cup/plate for dorm use
- clothes hangers
- laundry basket - no bags
- comforter or quilt/2 sets of sheets/1 pillow/ 2 non-electric blankets/waterproof mattress pad - all twin bed size
- 5 - 7 wash cloths & towels
- alarm clock with battery backup - no radios
- NIV Bible
- stationary/stamps
- pens/pencils/school bag/book covers/calendar/basic school supplies
- desk lamp
- make-up/blow dryer
- sanitary supplies
- personal items - specific medical needs, etc

All students - optional
- indoor games
- cue stick for pool/ping pong paddle/softball glove/ bat/ ball
- fishing equipment/bike & bike lock/tennis racket/frisbee/basketball/football
- flashlight/sleeping bag
- track shoes
- horse riding boots
- guitar (no amps), musical instruments
- thermal underwear
- manicure set
- large rubbermaid type storage box for food storage
- extension cord
- plastic bins, baskets for organizing
- fabric softener/spot remover for clothing

Please don’t bring any of the following
stereos/televisions/computers/computer disks/portable musical devices/video games/game boys/hand held games/paint ball guns/weapons/fireworks/cellular phones/pagers/cameras/video cameras/aerosol sprays.

All medications should be left with your child’s houseparent not your child!
Uniform Information for Boys and Girls

Uniforms are worn for the academic portion of the day.

The uniform items are listed below and may be purchased from Lands’ End. Items are available year round and can be accessed through Lands’ End School Catalog, internet (landsend.com/school) or telephone ordering 1-800-469-2222. Remember to give them our school code #9001-0334-2.

It will be the sole responsibility of the parent/guardian to provide uniform items in the proper size by FCA standards. Items that are not properly sized may not be worn.

Uniform Items

Pants or Shorts - Pleated or flat front khaki only - slight flare bottom accepted - cargo pants not acceptable
Belt - Braided or plain leather
Shirts - Polo shirts in long or short sleeve - white, royal, navy blue, or heather gray
Jacket - Approved jacket sold at FCA Office of Student Life
Sweatshirts - Only available for purchase through the FCA Office of Student Life.
Shoes - Closed toe only - color and style of your choice

Uniform Reminders

Shirts
• Sleeves should not be rolled up.
• Boys’ shirts must be tucked in so that belts can be seen all the way around.
• Collars should not be standing up.
• Long sleeve shirts may not be worn under short sleeve shirts, but they may be worn under sweatshirts.
• There should be no writing or logos on shirts.
• Only white, gray, black, or cobalt blue t-shirts may be worn under the uniform polos.

Pants
• Pants should not be rolled up.
• There should be no writing on pants.
• Seams of pants should not be split or frayed.
• There should be no holes.

French Camp Academy Swimsuit Regulations for Girls

These swimsuit regulations apply to both swimming and sunbathing at FCA.

One-piece swimsuits are required. No two-piece swimsuits of any sort are allowed.

Please make sure that suits have under-wire support and soft linings in the cups.

All swimsuits must have a lined crotch panel.

All swimsuits must have modest leg openings. French cut suits are unacceptable.

Lands End Catalog is a good source: 1-800-356-4444

Prices range between $34 and $64.