



THE BUCKNER FANNING CHRISTIAN SCHOOL

An Official Core Knowledge® School
975 Mission Springs, San Antonio, TX 78258
210-402-6905 Fax: 210-495-0688
www.bucknerfanningschool.org

APPLICATION FOR ADMISSION

Thank you for your interest in the Buckner Fanning Christian School. We think our curriculum and coordinating programs are among the finest in San Antonio. The special courses such as computer lab, art, music, physical education, Spanish, Christian Education and gardening, together with the Core Knowledge Sequence Curriculums and the BFCS developmental environment balances your child's experience. Financial aid is available on an as needed basis. We encourage you to visit our campus as well as our website (www.bucknerfanningschool.org). Please contact the Director of Admissions, Diane Dunn, to schedule a tour (210) 402-6905 or diane@bucknerfanningschool.org

ADMISSION PROCEDURE

1. Return the completed application with the \$175.00 (one-time) application/testing fee, to the Admissions Office.
2. Your child will be placed on the "Waiting List" pending space availability and successful completion of the Admission Process. Space availability is determined after reenrollment of current students and their siblings each winter.
3. When an opening is available, you will be contacted and a visit day will be planned for your child. During this visit an age appropriate evaluation will be administered.
4. Test scores, (Elementary 1st-5th and Middle School 6th-8th) records/report cards and medical records will be requested from the applicant's current school.
5. Admission is determined on successful completion of the admission process and approval by the Admission Committee.
6. Following acceptance, a contract for enrollment will be mailed to you. Please return it along with the nonrefundable registration fee within the stated time. When received, your child's space in the class will be secured.

The Buckner Fanning Christian School does not discriminate on the basis of race, color, sex or national origin in the administration of its educational program, admission, scholarships or other school policies.



THE BUCKNER FANNING CHRISTIAN SCHOOL

APPLICANT INFORMATION

Grade level applying for:

- | | | |
|---------------------------------------|----------------------------------|----------------------------------|
| <input type="checkbox"/> PK-3 M-TH | <input type="checkbox"/> Grade 1 | <input type="checkbox"/> Grade 5 |
| <input type="checkbox"/> PK-3 M-F | <input type="checkbox"/> Grade 2 | <input type="checkbox"/> Grade 6 |
| <input type="checkbox"/> PK-4 M-TH | <input type="checkbox"/> Grade 3 | <input type="checkbox"/> Grade 7 |
| <input type="checkbox"/> PK-4 M-F | <input type="checkbox"/> Grade 4 | <input type="checkbox"/> Grade 8 |
| <input type="checkbox"/> Kindergarten | | |

Name: _____
Last *First* *Middle*

Name student wishes to be called: _____

Male Female Date of Birth: ____/____/____ Social Security Number ____ - ____ - ____

Applying to enter for the School Year _____ - _____

Home address: _____
Street *City* *State* *Zip Code*

City and State of Birth: _____

Country of Citizenship: _____ Primary Language: _____

List Schools Attended Beginning with the Current School:

School _____ Grade(s) _____ Dates Attended _____

Address _____ Telephone () _____

School _____ Grade(s) _____ Dates Attended _____

Address _____ Telephone () _____

School _____ Grade(s) _____ Dates Attended _____

Address _____ Telephone () _____

Has the applicant ever skipped or repeated a grade? If so, please indicate grade(s) and circumstances:
Has the applicant ever been ___ dismissed ___ suspended or ___ denied readmission from any school for any reason? If yes, please explain: _____

Describe any special circumstances that have affected the applicant's performance in school: _____

Has the applicant had academic testing or evaluation? ____ If yes, please show dates:

Applicant's sibling(s)	Age(s)	School(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____

PARENTS' INFORMATION

Father/Guardian's Name: _____
Last First Middle Preferred Name

Address _____
Street City State Zip Code

Home phone (_____) _____ Cell phone (_____) _____

Address _____
Street City State Zip Code

Work phone (_____) _____ Email _____

Mother/Guardian Name: _____
Last First Middle Preferred Name

Address (if different from above) _____
Street City State Zip Code

Home phone (_____) _____ Cell phone (_____) _____

Address _____
Street City State Zip Code

Work phone (_____) _____ Email _____

If parents are separated or divorced, with whom is the applicant living?

Who is financially responsible? _____

Who is legal guardian? _____

Who should receive school correspondence? _____

Address (if different from student): _____

Telephone: (H) _____ (Cell) _____ (E-mail) _____

Optional Information:

Paternal Grandparents _____
Name *Address*

Maternal Grandparents _____
Name *Address*

Name and Address of Business:

Father's: _____

Mother's _____

Address: _____

Address: _____

Position with firm: _____

Position with firm: _____

Telephone: _____

Telephone: _____

Mobile: _____

Mobile: _____

E-mail: _____

E-mail: _____

How did you hear about or become interested in the Buckner Fanning Christian School?

Current BFCS student or family

Former BFCS student or family

Friend or Relative

Teacher

Private School Directory

Publication Ad

Website

Other

If appropriate, please indicate referral name _____

(Please attach a current photograph of applicant for our records)

References:

Pastor _____ Phone _____ Email _____

Friend _____ Phone _____ Email _____

Financial Assistance

Would you like information on financial assistance/scholarships? Yes No

If applying for financial aid, please request a packet through the administration office by May 31st. This packet is completed and mailed to a confidential third party company who will notify us of your eligibility. Financial assistance is available based on grant funds provided to the Buckner Fanning Christian School by outside donors.

Please provide us with your parental perspective on your child. Describe your child's strengths and abilities, special areas of interest or concern and his/her relationship to God.

After becoming acquainted with Buckner Fanning Christian School's vision and mission, describe your expectations of the school and how you see your family becoming a part of BFCS.





QUESTIONNAIRE FOR APPLICANTS TO MIDDLE SCHOOL (Grades 6-8)

TO THE APPLICANT:

Please complete this questionnaire without assistance: i.e. parents, teachers, counselors or friends. This should be handwritten with a black ballpoint pen. Mail completed questionnaire to: Director of Admissions, Buckner Fanning Christian School, 975 Mission Springs, San Antonio, TX 78258

Applying for grade _____ School Year _____

Please print legibly. Questions that do not apply answer with "n/a".

Applicant's legal name: _____
Last First Middle Nickname

1. What type student do you consider yourself to be? ___ Above Average ___ Average ___ Below Average

2. Which one of your academic subjects do you enjoy most? Why? _____

3. What do you like to do when you have an hour of free time? _____

4. Why do you wish to attend the Buckner Fanning Christian School? _____

5. What can you contribute to the Buckner Fanning Christian School? _____

The Buckner Fanning Christian School admits qualified students and does not discriminate on the basis of race, color, nationality or ethnic origin in administration of educational policies or scholarship.

I hereby certify that all information on this application and all information requested by the Buckner Fanning Christian School, for which I am responsible, are complete and accurate, and I understand that falsification or omission of information may result in disqualification or dismissal.

Signed: _____ Date: _____
Parent or Guardian

Applicant (Middle School only) Date: _____

CHECKLIST (REQUIREMENTS FOR ADMISSION):

We must receive the following items to consider your application

_____ Completed Application Form

_____ \$125 Application Fee

_____ Health/Immunization Form

_____ Copy of Social Security Card

_____ Copy of Birth Certificate
(Pre-K and Kinder)

_____ Two recommendations from previous
teachers, counselors, principals, etc.*

_____ Transcripts from all previous schools
(Please complete Records Release Form)

* Recommendations are only required for 1st through 8th grades.

