



FAMILY CHRISTIAN ACADEMY

GRADUATION CEREMONY APPLICATION



A

FAMILY INFORMATION

Father/Guardian Name	Phone	E-mail address	
Mother/Guardian Name	Phone	E-mail address	
Family Mailing Address	City	State	Zip

B

STUDENT INFORMATION

Student First Name	Student Middle Name	Student Last Name
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Height	Approx. Weight	Gender	Grade	IMPORTANT NOTE: The height and approximate weight info is needed for cap and gown sizing.
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Number of guests you expect to join you for Graduation Please circle one 5 10 15 20 25 _____

This information is essential to provide your guests with seating & programs.

Does your student have a talent they would like to share on graduation night? Yes No
(singing, instrument, speech, dance, etc.)

If yes, you must send a copy of the performance for approval. The performance will be reviewed by FCA's Board of Directors to ensure the material is appropriate according to FCA standards. The performance must not exceed 4 minutes in length.

Photographs for Memory Movie: *We require 4 photos of each student. The photos should represent the student as a baby/toddler, elementary school age, middle school age, and current/high school photo. We prefer that you send the photos via email to records_nashville@familychristianacademy.com. If you are not able to email them you can bring them to our office and leave them at the front desk or mail them.*

Student Bio: *We require a short bio about your student that will be read as they walk across the stage to receive their diploma. You can write about their accomplishments you are proud of, their plans for college, their future career plans, a special Bible verse you want them to remember, etc. The bio must be brief, 4 to 5 sentences.*

Requests may be delayed if any information on this form is incomplete. All fees subject to change without notice. No refunds.



FAMILY CHRISTIAN ACADEMY

GRADUATION CEREMONY AND DIPLOMA ORDER FORM



A STUDENT INFORMATION				
Student First Name	Student Middle Name	Student Last Name	Date of Birth	Parent/Guardian Name
Mailing Address		City	State	Zip
				Contact Phone Number

B GRADUATION CEREMONY PARTICIPATION	COST	EXTENDED
Senior Graduation Ceremony <i>(Includes Ceremony, Diploma, Diploma Cover, Cap, Gown & Tassel)</i>	\$250.00	\$
Eighth Grade Ceremony <i>(Includes Ceremony, Diploma, Diploma Cover, Cap, Gown & Tassel)</i>	\$100.00	\$
Kindergarten Ceremony <i>(Includes Ceremony, Diploma, Diploma Cover, Cap, Gown & Tassel)</i>	\$100.00	\$

C GRADUATION ITEMS	COST	EXTENDED
Ceremony DVD <i>(Includes ceremony and memory movie)</i>	__X \$30.00	\$
Ceremony Photo Package: Large <i>(For the family or the graduate. Includes 1-8x10, 2-5x7's, 4-3x5's & 8 wallets)</i>	__X \$75.00	\$
Ceremony Photo Package: Small <i>(For the family or the graduate. Includes 2-5x7's and 4-3x5's)</i>	__X \$55.00	\$
Honors Cords <i>(Double=Stranded, twisted, two-colored cords with tassels at each end)</i>	__X \$15.00	\$
Senior Class T-Shirt: Circle Size : S M L XL 2X 3X <i>(Mailed after graduation)</i>	__X \$20.00	\$
Tassel Keepsake <i>(In addition to senior package if participating in graduation ceremony)</i>	__X \$15.00	\$
Diploma Cover <i>(In addition to senior package if participating in graduation ceremony)</i>	__X \$30.00	\$
Diploma: Issued Early Requested Diploma Date _____/_____/_____ <i>(Final grades must be submitted, requested diploma date must be provided)</i>	__X \$20.00	\$
Diploma: Duplicate Copy <i>(Duplicate copy of diploma with seal)</i>	__X \$20.00	\$
Diploma: Official Copy for Current Graduates (No Charge for 1st Copy) <i>(Issued on 6/30 and 12/30, comes with 2 sealed transcripts)</i>	No Charge 1st Copy	\$ N/C

D ORDER DEADLINE - MARCH 1ST	COST	EXTENDED
Late Fee <i>(All graduation orders submitted after March 1st must pay a late fee)</i>	\$100.00	\$
Processing Fee		\$ 30.00
Graduation Fees Total		\$

E PAYMENT INFORMATION - Payment Plan	
Graduation Fees Total \$ _____ divided by 3 = \$ _____ monthly payment	I/We the parent/guardian of enrolled student give Family Christian Academy permission to automatically withdraw the amount listed for the monthly payment plan. The withdrawal will be processed on the first of each month from the checking account listed. I/We agree to attach a voided check to this order form.
Choose Payment Schedule <input type="checkbox"/> January - March <input type="checkbox"/> February - April <input type="checkbox"/> March - May	Parent/Guardian Signature _____ Date Signed _____
Name of Bank _____ City _____ State _____	Bank Transit Number _____ Account Number _____

F PAYMENT INFORMATION - Prepay																	
Prepay Information: <input type="checkbox"/> Cash/Check/Money Order <input type="checkbox"/> AmEx <input type="checkbox"/> Discover <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard																	
Name on Card _____ Telephone Number _____ Signature _____																	
CARD NUMBER <table style="display: inline-table; border-collapse: collapse;"><tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr></table> EXP <table style="display: inline-table; border-collapse: collapse;"><tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr></table> CCV <table style="display: inline-table; border-collapse: collapse;"><tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr></table>																	

G PARENT/GUARDIAN AGREEMENT
As parent or legal guardian, I permit mentioned students to participate in the Family Christian Academy Graduation Ceremonies and also to be part of its video production and graduation pictures. I have completed this form to the best of my knowledge and know and understand that no part of this application is refundable. I understand that I will not receive the graduation package until my balance is paid in full and that any errors on this application are my responsibility.
Parent/Guardian Signature _____ Date Signed _____

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