



# Application For Admissions Student Application

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

## STUDENT INFORMATION

Name: \_\_\_\_\_  
LAST FIRST MIDDLE PREFER TO BE CALLED

Sex:  Male  Female Date Of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_  
STREET

CITY STATE/PROVINCE ZIP CODE COUNTRY

Email Address: \_\_\_\_\_

Presently In Grade: (circle one) 8 9 10 11 12 Applied to EFCA before:  Yes  No

Applying For Grade: (circle one) 8 9 10 11 12 Applying For: Fall 20\_\_\_\_ Spring 20\_\_\_\_

Citizen Of: \_\_\_\_\_ Native Language: \_\_\_\_\_ Language Spoken At Home: \_\_\_\_\_

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

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

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

\_\_\_\_\_  
\_\_\_\_\_

Religious Affiliation/Preference: \_\_\_\_\_ Do you currently attend Church: \_\_\_\_\_

Are you working with an Education Consultant:  Yes  No

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

## FAMILY INFORMATION

Parents:  Married  Divorced\*  Widowed  Separated  Single  Other

\*Please include step-parent information separately

1. Father's Name: \_\_\_\_\_ 2. Mother's Name: \_\_\_\_\_  
LAST FIRST LAST FIRST

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_(\_\_\_\_) Phone: \_(\_\_\_\_)

Cell Phone: \_(\_\_\_\_) Cell Phone: \_(\_\_\_\_)

Position/Title/Occupation: \_\_\_\_\_ Position/Title/Occupation: \_\_\_\_\_

Employer & Address: \_\_\_\_\_ Employer & Address: \_\_\_\_\_

Phone: \_(\_\_\_\_) Phone: \_(\_\_\_\_)

Fax: \_(\_\_\_\_) Fax: \_(\_\_\_\_)

Email Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

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

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

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

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone#: \_\_\_\_\_

Address: \_\_\_\_\_  
STREET CITY STATE/PROVINCE ZIP CODE COUNTRY

**SCHOOL INFORMATION**

Name Of Last School Attended: \_\_\_\_\_

Address: \_\_\_\_\_  
STREET CITY STATE/PROVINCE ZIP CODE COUNTRY

Phone Number: \_\_\_\_\_  Parochial  Independent/Private  Public

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

\_\_\_\_\_  
\_\_\_\_\_

If student is/was in an accelerated program, please list any grades skipped \_\_\_\_\_ Grades which the student has repeated \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

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

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

If yes, please explain the circumstances:

\_\_\_\_\_  
\_\_\_\_\_

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

If yes, please explain.

\_\_\_\_\_  
\_\_\_\_\_

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

If yes, please explain.

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

Sports in which the student would like to participate:

Fall: \_\_\_\_\_ Winter: \_\_\_\_\_ Spring: \_\_\_\_\_

Previous Sports Team Experience: \_\_\_\_\_

***STUDENT SHORT ESSAY QUESTIONS***

Choose three different adjectives that describe yourself. For each adjective, explain how that word characterizes you.

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Describe how you are meeting or have met a difficult or significant academic challenge.

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Describe a meaningful experience or someone who has influenced you, how you were affected, and what you learned from the experience.

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Describe why you want to attend Pennsylvania International Academy and what you can offer the school and your classmates.

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Please list any additional information you feel the Admissions Committee should know.

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## PARENT'S PLEDGE OF ACCEPTANCE

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

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

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Signature Of Student

Date

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Signature Of Father

Date

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Signature Of Mother

Date

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Signature Of Guardian (if other than natural parent)

Date

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

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



## Admissions Procedure *International Students*

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

New Admissions Must Submit:

1. Completed Application With \$100 Application Fee
2. Current School Transcripts (in English)
3. Recommendations
4. Latest Report Card (in English)
5. SLEP or TOEFL Test Scores

*Please Note: All of the above items must be received before the admission process can proceed.*

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

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

Attn: Admissions  
8150 Oliver Road  
Erie, Pennsylvania 16509

Please sign and return this form with your application.

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Parent / Guardian Signature

Date

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Student Signature

Date



# Transcript Release Form

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

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

Student's Name: \_\_\_\_\_  
LAST FIRST MIDDLE

Current Grade: \_\_\_\_\_

Current School: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_  
STREET CITY STATE/PROVINCE ZIP CODE COUNTRY

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

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**To The School:** The above named student is a candidate for Admission to Erie First Christian Academy. We require the following to be sent to the Admissions Office as soon as possible:

- Final or Mid-Semester Grades (must be included)
- Recent Teacher Reports (if any)
- Grades Since 6th Grade, if available
- A School Profile, if available
- Standardized Test Scores
- School Recommendation (filled out by Guidance Counselor, Principal or Head of School)
- Health Records, if available
- Psychiatric/Psychological Reports, if available
- Behavior Reports
- Learning Differences, Educational Testing and/or IEP
- Other Pertinent Information

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

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



Reference Request
Current School

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

STUDENT INFORMATION

To The Student: As part of the application process, we ask that your current school fill out the following form. Please print your name, address and school below and give to your Guidance Counselor, Principal or Head of School to fill out.

Student's Name: \_\_\_\_\_ Current Grade: \_\_\_\_\_
Address: \_\_\_\_\_
Current School: \_\_\_\_\_ Phone #: \_\_\_\_\_

SCHOOL INFORMATION

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

PLEASE ATTACH THE FOLLOWING:

- Final or Mid-Semester Grades (must be included)
Grades Since 6th Grade, if available
Standardized Test Scores
Recent Teacher Reports (if any)
A School Profile, if available

School Serves grades: \_\_\_\_\_ to \_\_\_\_\_ Number of students in entire school: \_\_\_\_\_
In what month does your school year begin? \_\_\_\_\_ End? \_\_\_\_\_
Please explain your school's grading system. What is the passing mark? \_\_\_\_\_ Honors mark? \_\_\_\_\_
This candidate ranks \_\_\_\_\_ out of \_\_\_\_\_ other students share this rank.
If the student's attendance record is not listed on the transcript, please indicate the number of days he or she has been absent or tardy each year while at your school.

If the student is not, or has not been in good academic standing, please explain.
\_\_\_\_\_
\_\_\_\_\_

Has the student ever been dismissed, suspended, placed on probation, or received other serious disciplinary sanction? [ ] Yes [ ] No
Has the student withdrawn from school voluntarily for an extended period of time for reasons other than health? [ ] Yes [ ] No
If the answer to either or both of these questions is yes, please provide a full explanation.
\_\_\_\_\_
\_\_\_\_\_





## Reference Request Current Math Teacher

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

### STUDENT INFORMATION

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

Student's Name: \_\_\_\_\_ Current Grade: \_\_\_\_\_  
LAST FIRST MIDDLE

Address: \_\_\_\_\_  
STREET CITY STATE/PROVINCE ZIP CODE COUNTRY

Current School: \_\_\_\_\_ Phone #: \_\_\_\_\_

### TEACHER INFORMATION

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

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

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

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

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

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

\_\_\_\_\_

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

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

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

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

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

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

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

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

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

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

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

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

SIGNATURE

DATE

SCHOOL ADDRESS

PRINTED NAME

EMAIL ADDRESS

TITLE

TELEPHONE NUMBER



Reference Request
Current English Teacher

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

STUDENT INFORMATION

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

Student's Name: LAST FIRST MIDDLE Current Grade:
Address: STREET CITY STATE/PROVINCE ZIP CODE COUNTRY
Current School: Phone #:

TEACHER INFORMATION

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

How well do you know the student academically?: As a person?:
In what years did you teach the student?: How large is the class?:
What course(s)?: Is the student on a block schedule?:
Is this course part of a tracking system or designated as an honors or accelerated course? Yes No
Briefly describe your course. It is especially helpful to know what texts are used and if the students are grouped by ability.

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

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

How well does the student accept advice or criticism?





Reference Request
Optional

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

STUDENT INFORMATION

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

Student's Name: LAST FIRST MIDDLE Current Grade:

Address: STREET CITY STATE/PROVINCE ZIP CODE COUNTRY

Current School: Phone #:

RECOMMENDER INFORMATION

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

GENERAL COMMENTS:

In what capacity and in what subject or area have you worked with the student?

Four horizontal dashed lines for writing a response to the general comments question.

Please comment on the candidate's abilities, performance and potential.

Four horizontal dashed lines for writing a response to the abilities and performance question.

Please comment on the student's strengths and weaknesses, including any special talents or unusual circumstances in their background.

Four horizontal dashed lines for writing a response to the strengths and weaknesses question.

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

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

**OVERALL RECOMMENDATION:**

I have known this student for \_\_\_\_\_ years.

I recommend this candidate:

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

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

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

Name: \_\_\_\_\_

Relationship To Student: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_





# Scholarship Application

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

*(Scholarship amounts vary and are subject to availability.)*

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

## STUDENT INFORMATION

Student's Name: \_\_\_\_\_  Male  Female

Address: \_\_\_\_\_

City/Province: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_

Grade Applying For: \_\_\_\_\_ School Year: \_\_\_\_\_ Applying For:  Fall  Spring

## EXTRACURRICULAR ACTIVITIES

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

Mo./Yr. to Mo./Yr.: \_\_\_\_\_ Description of Activity: \_\_\_\_\_

Mo./Yr. to Mo./Yr.: \_\_\_\_\_ Description of Activity: \_\_\_\_\_

Mo./Yr. to Mo./Yr.: \_\_\_\_\_ Description of Activity: \_\_\_\_\_

Mo./Yr. to Mo./Yr.: \_\_\_\_\_ Description of Activity: \_\_\_\_\_

Mo./Yr. to Mo./Yr.: \_\_\_\_\_ Description of Activity: \_\_\_\_\_

## PERSONAL STATEMENT

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

Please list your educational goals:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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What would receiving a scholarship mean to you?

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***CERTIFICATION***

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

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent(s) / Guardian(s): \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_