



Student Enrollment Form

Student Name _____

Grade Enrolling _____

Date of Birth _____ Gender M/F _____

Last School Attended _____

Student lives with ___ Parent(s) ___ Guardian ___ Grandparents ___ Relative

Address: _____

Mother Work Phone _____

Father Work Phone _____

Alternate Emergency Number _____

Email addresses _____

Does the student have any siblings? _____

Who may children be picked up by _____

Is the student on any medication? _____

Does the student have any learning disabilities? _____

Are there any problems we should be notified about?

(Ex: family problems, financial problems, health issues) _____

Does the student have any significant behavior problems?

What religion are you associated with? _____

Do you attend church? If so, where? _____

Were you referred to Faith Christian Academy? If so, by who _____

Copy of Birth Certificate attached Y/N _____

Tuition Agreement: _____

Paid Annually _____ (Due by August 16, 2019)

Semi-Annual _____ (Due on August 16, 2019 and January 3, 2020)

Monthly _____ (Due the First Friday of every month, starting August 2, 2019)

Weekly _____ (If pre-approved) (Due every Friday starting August 2, 2019 till May 29, 2020)

Signature (My signature verifies that I accept terms and conditions of this registration and Tuition.)

_____ Date _____
Parent

_____ Date _____
Parent

FCA OFFICE APPROVED _____

