



Application for Enrollment For Returning Students

Date: _____

Student Information

Last name: _____ First: _____ Middle: _____
Enrolling Grade: _____

- We have read through this application and confirm that FCA has all of our current information, so we will not be filling out the remainder of this form.**
- We have included our child's registration fee with this application.**

Home Address: _____
City, State _____ Zip: _____
Home Phone: _____ Email: _____ Gender: Male Female
Date of Birth: _____ Age: _____
Place of Birth: _____ Current School District: _____

Sibling Information:

Number of brothers: _____ Older: _____ Younger: _____
Number of sisters: _____ Older: _____ Younger: _____

Parent or Guardian Information:

Father Male Guardian
Last name: _____ First: _____ Middle: _____
Home address: (if different than above) _____
City, State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____
Employer: _____
Occupation: _____ Work Phone: _____

Mother Female Guardian
Last name: _____ First: _____ Middle: _____
Home address: (if different than above) _____
City, State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____
Employer: _____
Occupation: _____ Work Phone: _____

Emergency Information:

Please list the name of a person we may contact in the event we are unable to reach the above listed people.

Last name: _____ First: _____ Middle: _____

Home Phone: _____ Relationship to student: _____

Church Affiliation:

Are you presently attending church? Yes No

If yes, what is the name of your church? _____

City: _____ Senior Pastor: _____

Denomination: _____

Student Health Information:

How would you rate your child's general health condition?

Excellent Good Fair Poor

Family Physician's Name: _____

City: _____ Phone: _____

Please list any physical disabilities or concerns we should be aware of to provide thorough and proper assistance to your child:

Payment Schedule:

I prefer to pay out tuition in equal monthly payments due on the 10th of each month.

I prefer to pay our tuition in full.

Please send _____% of my child's bill to (name): _____

@ (e-mail address): _____

_____ % of my child's bill to (name): _____

@ (e-mail address): _____

Must equal 100% in total

Release:

____ We understand that our tuition payment will be due by the 10th of each month. We also understand that a late fee will be added to our account in the event of a delinquent payment for which no arrangements have been made.

____ We have read and we agree with Faith Christian Academy's Mission, Philosophy, Purpose and Faith statements. We also agree to comply with the school's policies as listed in Faith Christian Academy's school handbook.

Student Signature: _____ Date: _____

Father or Male Guardian Signature: _____ Date: _____

Mother or Female Guardian Signature: _____ Date: _____

For office use only:

(Your student will not be officially registered until the following steps have been completed.)

Application received by: _____

Student registration fee received by: _____

Parent Volunteer Form(s) received by: _____

Student filed created or updated by: _____

