

**FAITH CHRISTIAN SCHOOL
APPLICATION
STUDENT INFORMATION
(CONFIDENTIAL)**

Student's Name

Last	First	Middle
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Address _____

City _____ State __ Zip _____

Phone _____ Birthdate ____/____/____
Mo. Day Year

Grade to enter _____

If Preschool-or Kindergarten indicate _ half day _ full day

School last attended _____

Address _____

Father's Name _____

Employment _____

Position _____ Phone _____ - _____ - _____

Mother's Name _____

Employment _____

Position _____ Phone _____ - _____ - _____

Marital Status: __ Married __ Divorced __ Widow/er __ Separated

Church Affiliation _____

Transportation Method: _____

_____ Coleman Bus _____ Car _____ Walk / Bike

How many miles do you live from school? _____

Family Physician _____

Phone ____ - ____ - ____

Does your child have any allergies or physical defects? _____ Explain _____

Should we be unable to reach you in an emergency, please list your first and second choice of whom you would like us to contact.

1) _____

2) _____

Has your child ever been expelled, dismissed, suspended from, or refused admission to another school? _____

Explain: _____

Has your child ever been in trouble with the law (arrested, etc.)? _____

Explain: _____

Has your child ever used tobacco or drugs of any kind? _____

Explain: _____

Please indicate academic level of your child's previous work:

_____ Excellent _____ Good _____ Average _____ Poor

Has your child ever failed in school? _____

Explain _____

Reason for selecting this school? _____

*Children must present a copy of their birth certificate with this application.

The registration fee is due with this application. This fee is non-refundable unless, after testing, the student is not accepted.

Parent's Signature

Date: _____

Extra applications are available in the school office.