

Enrollment Application

Enrollment is for one year only. Students must be re-enrolled each year.

Student's Full Legal Name

1

Choose: Female

Choose: Re-enrollment New Student

First Name

Middle Name

Last Name

Date of Birth

Social Security Number

Grade Level

Student's Street Address

P.O. Box: (if any)

City

State

Zip

Country

Student's Driver's License#

Home Phone

Fax

E-mail

1) Has any member of this family ever enrolled with FCA in the past? No Yes

2) Has any member of this family ever tested with FCA as a non-member? No Yes

Primary Teacher's Name

2

Mother Father Legal Guardian Other

First Name

Middle Name

Last Name

Occupation

Place of Employment

Driver's License Number

Work Phone

Primary teacher's educational level? GED High School Diploma Yes ___ No ___ College Degree

Parent's E-Mail Address (if any)

Other Parent's Name

3

First Name

Middle Name

Last Name

Occupation

Place of Employment

Driver's License Number

Work Phone

Other parent's educational level? GED High School Diploma Yes ___ No ___ College Degree

Does this parent live at student's home? Yes No

Does this parent have custodial rights to student's records? Yes No

Church Information

4

Church Name

Pastor's Name

City

Phone

