



FAMILY CHRISTIAN ACADEMY

ENROLLMENT APPLICATION PART 1 OF 2



A STUDENT INFORMATION Use separate Enrollment Application form for each student. Additional forms are available at FamilyChristianAcademy.com

Home Education Primary Teacher: Mother Father Legal Guardian Other _____

Choose: Re-enrollment New Student Choose: Male Female School Year _____

First Name _____ Middle Name _____ Last Name _____

Yes No

Date of Birth _____ Social Security Number _____ Grade Level _____

Graduating
K, 8th or 12th

Address _____ New Address? Yes No City _____ State _____ Zip _____ County _____

Student Telephone (Cell) _____ Student's Driver's License# _____ Student E-mail _____

Is student dually enrolled with co-op, tutorial, or college program? Yes No If yes, fill out next line.

Name of Organization _____ City _____ State _____ Website _____

B MOTHER'S INFORMATION PARENT LEGAL GUARDIAN

First Name _____ Middle Name _____ Last Name _____ Social Security # _____

Place of Employment _____ Occupation _____ Email Address _____

Telephone (Home) _____ Telephone (Cell) _____ Telephone (Work) _____ Driver's License # _____

Educational level? GED High School Diploma College Degree _____
degree obtained

C FATHER'S INFORMATION PARENT LEGAL GUARDIAN

First Name _____ Middle Name _____ Last Name _____ Social Security # _____

Place of Employment _____ Occupation _____ Email Address _____

Telephone (Home) _____ Telephone (Cell) _____ Telephone (Work) _____ Driver's License # _____

Educational level? GED High School Diploma College Degree _____
degree obtained

D CHURCH INFORMATION

Church Family Attends _____ # of years attending _____

Pastor's Name _____ City _____ Phone _____