

**\*\* Please print. \*\***

## STUDENT INFORMATION

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Birthdate: Y \_\_\_\_\_ M \_\_\_\_\_ D \_\_\_\_\_ Entering Grade: \_\_\_\_\_

Gender: M \_\_\_\_\_ F \_\_\_\_\_

## PARENTAL INFORMATION

### Father's information

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Email Address: \_\_\_\_\_

Marital Status: M \_\_\_\_\_ D \_\_\_\_\_ W \_\_\_\_\_ Lives with children: Y \_\_\_\_\_ N \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_\_) \_\_\_\_\_

Work: (\_\_\_\_\_) \_\_\_\_\_ Ext: \_\_\_\_\_

### Mother's information

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Email Address: \_\_\_\_\_

Marital Status: M \_\_\_\_\_ D \_\_\_\_\_ W \_\_\_\_\_ Lives with children: Y \_\_\_\_\_ N \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_\_) \_\_\_\_\_

Work: (\_\_\_\_\_) \_\_\_\_\_ Ext: \_\_\_\_\_

## HOME ADDRESS

Apt.# \_\_\_\_\_ Street: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

## MAILING/OTHER ADDRESS

Complete only if different from home address.

Street/PO Box#: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

Person to contact if school is unable to contact parent(s):

### First Emergency Contact

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_\_) \_\_\_\_\_

Work: (\_\_\_\_\_) \_\_\_\_\_ Ext: \_\_\_\_\_

### Second Emergency Contact

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_\_) \_\_\_\_\_

Work: (\_\_\_\_\_) \_\_\_\_\_ Ext: \_\_\_\_\_

## CUSTODY

Are there special instructions to be noted regarding custody of students? N\_\_\_ Y\_\_\_ (if YES, please explain.):

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## SCHOOL INFORMATION

Last school attended: \_\_\_\_\_

Grade \_\_\_\_ School contact #: \_\_\_\_\_

Contact person at school: \_\_\_\_\_

Reason for leaving this school: \_\_\_\_\_

## PERMISSION

**School Trips:** My child may participate in school related off campus trips that are supervised by a faculty member. Such as: Sports, Field Trips, Skating etc. **Permission given:** Y\_\_\_ N\_\_\_

**Image Permission:** My child's picture, voice, video and/or work may be used by FCA for promotional materials. **Permission given:** Y\_\_\_ N\_\_\_

**Lunch hour Permission - Grade 6 – 12 Only:** My child may leave the FCA school grounds between the hours 12:00 noon – 1:00 pm. I (we) recognize that my child will be unsupervised by school faculty upon leaving the school grounds. **Permission given:** Y\_\_\_ N\_\_\_ Does not apply\_\_\_

## STUDENT WITHDRAWAL POLICY

Student withdrawals must be made by the parent, in person, through the admissions office. Official withdrawal forms will be processed and the necessary signatures obtained.

NOTE: Records will not be released until all bills are paid in full, and all textbooks and materials have been returned.

Parents, please initial here to signify that you have read and understand this policy: \_\_\_\_\_

## SIGNATURES

Signature of both parents is required.

As parents, we give our full support to the teachers, programs and policies of FCA. We pledge to pay the tuition payments as outlined in the payment contract.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date