

School Year: _____

**** Please print. ****

STUDENT INFORMATION

First Name: _____

Birthdate: Y ____ M ____ D ____

Middle Name: _____

Entering Grade: _____

Last Name: _____

Gender: M ____ F ____

PARENTAL INFORMATION

Father's information

First Name: _____

Mother's information

First Name: _____

Last Name: _____

Last Name: _____

Occupation: _____

Occupation: _____

Employer: _____

Employer: _____

Email Address: _____

Email Address: _____

Marital Status: M ____ D ____ W ____

Marital Status: M ____ D ____ W ____

Lives with children: Y ____ N ____

Lives with children: Y ____ N ____

Phone: (____) _____ Cell: (____) _____

Phone: (____) _____ Cell: (____) _____

Work: (____) _____ Ext: _____

Work: (____) _____ Ext: _____

HOME ADDRESS

Physical Address

Apt.# _____ Street: _____

Mailing Address

(Complete only if it is different from home address.)

Street/PO Box#: _____

City: _____ Postal Code: _____

City: _____ Postal Code: _____

Country: _____

Country: _____

EMERGENCY CONTACT INFORMATION

People that will be contacted if school is unable to contact parent(s):

First Name: _____

First Name: _____

Last Name: _____

Last Name: _____

Relationship to child: _____

Relationship to child: _____

Phone: (____) _____ Cell: (____) _____

Phone: (____) _____ Cell: (____) _____

Work: (____) _____ Ext: _____

Work: (____) _____ Ext: _____

CUSTODY

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

SCHOOL INFORMATION

Last school attended:

School contact #:

Reason for leaving this school:

Contact person at school:

Grade: _____

PERMISSION

Permission given:

Y ___ N ___

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.

Y ___ N ___

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

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.

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

Signature

Date

Date