

Fellowship Christian Academy
RE-ENROLLMENT APPLICATION 2017-2018

STUDENT'S NAME _____ **DATE OF BIRTH** _____

GRADE ENTERING _____ **PARENT/GUARDIAN E-MAIL** _____

PLEASE CHECK HERE IF ALL INFORMATION ON FILE IS CURRENT

PLEASE CHECK HERE IF NOT REGISTERING FOR 2017-2018 SCHOOL YEAR

Please note: the projected tuition increase has not yet been determined for the 2017-2018 school year and is subject to change.

FILL IN CORRECTED INFORMATION ONLY:

PARENT INFORMATION: LIVES WITH (CIRCLE ONE) FATHER MOTHER BOTH OTHER

FATHER/OTHER _____

ADD: _____ CITY _____ STATE _____ ZIP _____

HOME TELE: _____ WK# _____ CELL# _____

MOTHER/OTHER _____

ADD: _____ CITY _____ STATE _____ ZIP _____

HOME TELE: _____ WK# _____ CELL# _____

PARENTS PRIME E-MAIL ADDRESS FOR RECEIVING NOTICES: _____

CHURCH REGULARLY ATTENDING _____

MEDICAL INFORMATION:

Health Insurance Company: _____ **Policy ID#:** _____

Signature to authorize school to seek emergency medical treatment if parents or contacts cannot be reached:

Father: _____ Mother: _____

INDICATE ANY CHANGE IN YOUR CHILD'S HEALTH RECORDS OR SPECIAL NEEDS _____

EMERGENCY CONTACT INFORMATION (other than yourselves)

#1 _____ HOME# _____

WORK# _____ CELL# _____

#2 _____ HOME# _____

WORK# _____ CELL# _____

PLEASE ATTACH AN EXPLANATION TO ANY CHANGES IN YOUR AGREEMENT WITH OUR DOCTRINAL STATEMENT.

MAKE CHECK PAYABLE TO: FELLOWSHIP CHRISTIAN ACADEMY OR FCA.
1 CHECK PER FAMILY--DO NOT INCLUDE IT ON ANY OTHER CHECK PLEASE.

I have read this application & agree to its terms:

Signature _____

OFFICE USE ONLY: Recv'd Reg. Fee - Ck# _____ Amount _____ Date _____ Int. _____