

FAITH FELLOWSHIP SCHOOL
STUDENT APPLICATION FORM

Enrollment Year: _____

General Information

Name(Last) _____ (First) _____ (M.I.) _____

Social Security Number _____

To enter grade: _____

Gender: Male _____ Female _____ Age _____ Birthdate _____

Allergies/Special Medical Condition(s) _____

Church Student Attends: _____

Home Information: Primary Residence of Student

Parent's/Guardian's First Name _____ M.I. _____ Last Name _____

Relationship to Student _____

Street Address _____

City _____ State _____ Zip _____

Occupation _____ Employer _____

TelephoneNumbers:Home _____ CellPhone _____ Work _____

Email Address _____

Church Parent Attends _____

Spouse's Name _____

Occupation _____ EmployerName _____

Telephone Numbers :Home _____ Cell Phone _____ Work _____

Email Address _____

Church Parent Attends _____

Parent's Name- (not living at the same address with student)

Parent's/Guardian's First Name _____ M.I. _____ Last Name _____

Relationship to Student _____

Street Address _____

City _____ State _____ Zip _____

Occupation _____ Employer _____

TelephoneNumbers:Home _____ CellPhone _____ Work _____

Email Address _____

Church Parent Attends _____

Spouse's Name _____

Occupation _____ EmployerName _____

Telephone Numbers :Home _____ Cell Phone _____ Work _____

Email Address _____

Church Parent Attends _____

Student Living Status:

Marital Status of Student's Parents:

_____ married _____ separated _____ divorced _____ one parent deceased _____ student living with natural parent and one step parent

If student is not living with at least one natural parent, with whom is s/he living (grandparent, guardian, etc.)? _____

If parents are divorced or separated, who has legal custody of the student? _____

What is the primary language spoken in the home? _____

If there are other children in your family, please complete the following:

Name _____ Age _____ School _____

Name _____ Age _____ School _____

Name _____ Age _____ School _____

Name _____ Age _____ School _____

Spiritual Information:

Of which church or parish is your family a member? _____

What is the family's denomination? _____

Parent's church attendance: _____ weekly _____ several times a week _____ occasionally

Student's church/Sunday School attendance: _____ weekly _____ several times a week _____ occasionally

Previous Academic History:

School _____

Address _____

Dates Attended _____ Grades Completed _____

Has the student ever failed a grade? _____ Yes _____ No If so, state grade and date _____

Report cards and standardized testing results for the past two years will need to be provided for academic review.

Conduct:

Has the student ever been suspended_ _____ expelled_____ asked to withdraw_____.If so, please give full details on a separate sheet of paper, including the principal's name and address of the school.

Has the student ever been questioned, apprehended, arrested, or detained by the police, or any law enforcement officer? If so, please explain. _____

Learning/Behavior/Physical Disabilities:

Has the student ever been evaluated and/or identified as being learning disabled or emotionally handicapped?_____ If so, please explain._____

Indicate the nature of any behavior problems._____

List and describe any physical handicaps or other conditions which may affect your child's success in school._____

Motivation:

Why is your student withdrawing from his/her present school?_____

Please write briefly why you are enrolling your child in Faith Fellowship Church School_____

References:

Please list three individuals who have given consent to be personal references including choices from the following list: Church Staff Member, Previous School Employee, Personal Friend

Name _____

Address _____

Phone _____

Name _____

Address _____

Phone _____

Name _____

Address _____

Phone _____

I affirm the above information to be true and accurate.

(Signature of Parent or Guardian)