

Faith Christian School Enrollment Application

Kindergarten - 12th Grade

Please fill this form out completely!

Date of Application: _____

STUDENT INFORMATION

Name: _____
Last First M.I.

Birthdate: _____ Gender M / F
Month Day Year

Grade applying for _____ Age _____

Student is currently enrolled in _____ Grade at _____
School name, City, State or "Homeschool" if applicable

RESIDENCY INFORMATION

Who does the child live with? Both Parents Father Only Mother Only Mother and Spouse Father and Spouse
(circle one) Grandparents Foster Parents Other: _____

Physical address for child: _____

Mailing address (if different than physical): _____

GUARDIAN #1

Father's Name: _____ Employer: _____
Address: _____ City/State/Zip _____
(If different than child's)

Home Phone: _____ Work Phone: _____ Cell Phone: _____
Email: _____ Contact Allowed? YES NO

GUARDIAN #2

Mother's Name: _____ Employer: _____
Address: _____ City/State/Zip _____
(If different than child's)

Home Phone: _____ Work Phone: _____ Cell Phone: _____
Email: _____ Contact Allowed? YES NO

OTHER ADULT #1 (if student lives with):

Full Name: _____ Relation to Student: _____
Address: _____ City/State/Zip _____
(If different than child's)

Home Phone: _____ Work Phone: _____ Cell Phone: _____
Email: _____ Contact Allowed? YES NO

OTHER ADULT #2 (if student lives with):

Full Name: _____ Relation to Student: _____
Address: _____ City/State/Zip _____
(If different than child's)

Home Phone: _____ Work Phone: _____ Cell Phone: _____
Email: _____ Contact Allowed? YES NO

GETTING TO KNOW YOU:

Does your child have any learning differences/difficulties or special needs? If yes, Please explain:

Has your child ever received tutoring, special education services or have an IEP/504 Plan? If yes, Please explain:

Briefly tell us how you heard about FCS and why you have selected this school for your child:

What are your child's academic strengths?

In what area would you like your child to improve (academic, behavioral, social, etc...?)

Has the applicant ever made a profession of faith in Christ? _____

Does the applicant desire to attend Faith Christian School? _____

Has the applicant had all of his/her immunizations? _____

FAITH INFORMATION

Where does your family presently attend church? _____

Church Phone Number: _____

Pastor's Name: _____

Parent/Guardian 1: How does your relationship with Christ impact your everyday life?

Parent/Guardian 2: How does your relationship with Christ impact your everyday life?

Student (if able to respond): How does your relationship with Christ impact your everyday life?

What does the phrase *intergrating faith and learning* mean to your family?

Faith Christian School
11818 160th Ave • Foreston, MN 56330 • Phone 320-294-5501
www.fcssaints.com