

Founder's Classical Academy Enrollment Application

Date: _____ How Did You Hear About Us? _____

Student Name: _____ SS# _____

Sex (M/F): _____ Age: _____ Birthdate: _____ Grade Entering: _____
Last First Middle

Home Address:

Street City State Zip

Phone: _____ County: _____

Previous School Attended: _____

Tell us about any Academic Giftings or Challenges: _____

Has Student Ever Been Suspended or Expelled? Yes No

Preferred Contact Info (email, text, phone): _____

Father's Name (or Legal Guardian)

Mother's Name (or Legal Guardian)

Last First
Address (if other than student's): _____

Last First
Address (if other than student's): _____

Street

Street

City/State/Zip

City/State/Zip

Email: _____

Email: _____

Phone: _____

Phone: _____

Employer: _____

Employer: _____

Parents are: Married Divorced Other: _____

Siblings and Ages:

For office use only:

Fee Paid: \$ _____ Records Requested: _____ Date Tested: _____

Personal Information

Student's Church Attendance: Weekly Monthly Other: _____

Parent's/Guardian's Church Attendance: Weekly Monthly Other: _____

Church Name/Address:

Pastor's Name: _____ Contact #

Health Information

Doctor's Name:

Known Allergies:

Medications:

Special Needs:

Emergency Contact

In Case of Emergency, If Either Parent Can't Be Reached:

Name: _____ Cell#: _____ Relationship:

Name: _____ Cell#: _____ Relationship:

Pick Up Authorization

Name: _____ Cell #:

Make/Model/Color of Vehicle:

Name: _____ Cell #:

Make/Model/Color of Vehicle:

Name: _____ Cell #:

Make/Model/Color of Vehicle:
