



FIRST CHRISTIAN ACADEMY

24530 NW 199th Lane, High Springs, FL 32643



STUDENT ENROLLMENT APPLICATION

2022-2023

DIRECTIONS: Please PRINT. The enrollment fee should be attached to the completed application and returned to the school office.

STUDENT INFORMATION: Name: Last First Middle, Goes by / Nickname, Birthday, Current Age, Ethnicity, Religion, Socio-Economic, EMERGENCY CARE PERMISSION, PHOTO AUTHORIZATION, EMERGENCY INFORMATION

SCHOOL PICK-UP AUTHORIZATION: In addition to the parent/guardian (see other side), the following people will also have permission to pick up my child from First Christian Academy.

PLEASE COMPLETE ALL FAMILY INFORMATION ON REVERSE SIDE OF APPLICATION. Thank you!

FAMILY INFORMATION

Child lives with: Both Parents Father Mother Guardian
 Grandparent Step-Mother Step-Father Other (explain)

<p>MATERNAL INFORMATION:</p> <p>Mother's Name: _____</p> <p>Primary Phone: _____</p> <p>Email Address: _____</p> <p>Mailing Address: _____</p> <p>City: _____ State: _____</p> <p>Zip Code: _____ County: _____</p> <p>Employer: _____</p> <p>Position: _____</p> <p>Work Phone: _____</p> <p>Maternal Grandparents:</p> <p>Name: _____</p> <p>Email Address: _____</p> <p style="font-size: small;"><i>* FCA will include grandparents in school email communications as well as invitations to special events.</i></p>	<p>PATERNAL INFORMATION:</p> <p>Father's Name: _____</p> <p>Primary Phone: _____</p> <p>Email Address: _____</p> <p>Mailing Address: _____</p> <p>City: _____ State: _____</p> <p>Zip Code: _____ County: _____</p> <p>Employer: _____</p> <p>Position: _____</p> <p>Work Phone: _____</p> <p>Paternal Grandparents:</p> <p>Name: _____</p> <p>Email Address: _____</p> <p style="font-size: small;"><i>* FCA will include grandparents in school email communications as well as invitations to special events.</i></p>
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NEW STUDENTS: If *new*, please list ALL previous schools attended (Preschool-Grade 11)

(Name) _____	(City) _____	(State) _____
(Name) _____	(City) _____	(State) _____
(Name) _____	(City) _____	(State) _____

PARENT/GUARDIAN NAMES & SIGNATURES

I acknowledge that all information included on this application is honest and accurate to the best of my knowledge.

PARENT NAME (Print)	PARENT NAME (Print)
PARENT SIGNATURE	PARENT SIGNATURE
DATE	DATE

OFFICE USE ONLY:	Date Rec'd: _____	By: _____	If Preschool, start date: _____
Finance Office:	Amt. Pd. \$ _____	<input type="checkbox"/> Cash <input type="checkbox"/> Credit Card <input type="checkbox"/> Check # _____	Date Rec'd: _____ By: _____
Copies to:	<input type="checkbox"/> HOS <input type="checkbox"/> P/PD <input type="checkbox"/> ADMISSIONS	RenWeb: _____ (Date) _____ (Initials)	
Additional Comments:			