

Frankfort Christian Academy

Application for New Enrollment

www.frankfortchristianacademy.org

DATE OF APPLICATION:			REV	3/1/24
STUDENT INFORMATION				
Name:				
First Middle	Last			
Address:	City	State	ZIP	·
Home Phone:	Student's Cell P	hone:		
Male 🗆 Female 🗆 Date of Birth: _				
School Last Attended:	Contac			
Last Grade Completed:		Email or Phone	Number	
	•	• •	n before May 24, 2024, a	and
FAMILY INFORMATION	receive a	\$25 discount on yo	ur enrollment fee!	
Father's Name:		_ 🗆 Full Custody	Partial Custody	
Address if different from student:				
	City	State	ZIP	
Home Phone:	Cell Phone:			
Employment:		Business Phone:		
Mother's Name: (Or legal guardian)		_ 🗆 Full Custody	□ Partial Custody	
Address if different from student:				
	City	State	ZIP	
Home Phone:	Cell Phone:			
Employment:		Business Phone:		
Marital Status of Parents: 🛛 Married 🗌 Unm	narried 🗆 Divorced	□ Separated		
Names and ages of siblings:				

CHURCH INFORMATION

Church Attending:		
Address:		
Pastor:		Email or Phone:
MEDICAL INFORMATION		
Family Physician or Pediatrician	n:	
Allergies and/or Intolerances: _		
GENERAL INFORMATION		
How did you hear about this so	:hool?	
Has the applicant ever been su	spended or expelled from so	chool?
REFERENCES		
Teacher		Email/Phone
		Email/Phone
PastorName		Email/Phone
-	school. It does not discriminate on	gin with all the rights, privileges, programs and activities generally accorded the basis of race, color, sex, or ethnic origin in the administration of its programs.
I agree to comply with the FCA	Handbook. Parent Sig	nature:
	Parent Sig	nature:
	The section below is to	be completed by FCA staff.
□ Student accepted.	Admin signature:	Date:
□ Student not accepted.	Notes:	
Enrollment fee paid.		