



Frankfort Christian Academy

Application for Enrollment

www.frankfortchristianacademy.org

DATE OF APPLICATION: _____

STUDENT INFORMATION

Name: _____

Last

First

Middle

Address: _____

City

State

ZIP

Student's Cell Phone: _____

Age: _____ Sex: _____ Birthdate: _____

School Last Attended: _____

Address: _____

City

State

ZIP

Last Grade Completed: _____

**Complete this enrollment application before May 27, 2022,
and receive a \$50 discount on your enrollment fee*!**

FAMILY INFORMATION

Father's Name: _____

Address if different from student: _____

City

State

ZIP

Home Phone: _____ Cell Phone: _____

Employment: _____ Business Phone: _____

Mother's Name: _____

Address if different from student: _____

City

State

ZIP

Home Phone: _____ Cell Phone: _____

Employment: _____ Business Phone: _____

Marital Status: _____

Names and ages of siblings: _____

CHURCH INFORMATION

Church Attending: _____

Address: _____

Pastor: _____ Phone: _____

MEDICAL INFORMATION

Family Physician or Pediatrician: _____

Allergies and/or Intolerances: _____

GENERAL INFORMATION

How did you hear about this school? _____

Has the applicant ever been suspended or expelled from school? _____

REFERENCES

Teacher	_____	
	Name	Email/Phone

Pastor	_____	
	Name	Email/Phone

The Organization admits students of any race, color, sex, and ethnic origin with all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, sex, or ethnic origin in the administration of its educational policies, admission policies, and other school administered programs.

The section below is to be completed by FCA staff.

Student accepted. Staff signature: _____ Date: _____

Student not accepted. Notes:

*A \$250 enrollment fee is due by August 12, 2022. A late charge will be added to payments after this date.