



Frankfort Christian Academy

Application for Re-Enrollment

www.frankfortchristianacademy.org

DATE OF APPLICATION: _____

REV 4/3/24

STUDENT INFORMATION

Name: _____
First Middle Last

Has your home address changed? YES NO If so, provide new address:

Does your student have a valid driver's license? YES NO

Is the student employed? YES NO If so, describe:

Anticipated grade level next school year: _____

FAMILY INFORMATION

Has the student's living situation changed? YES NO If so, describe:

Has the student's custody status changed? YES NO If so, describe:

Has contact information changed? YES NO New contact info:

CHURCH INFORMATION

Does the student attend church weekly? YES NO Where?

Does the student have a new pastor? YES NO Name and contact:

MEDICAL INFORMATION

Has the student's medical condition changed? YES NO If so, attach an updated medical form.

Does the student have new allergies? YES NO If so, attach an updated medical form.

Has the student's medical provider changed? YES NO Please attach any new medical information.

The Organization admits students of any race, color, gender and ethnic origin to 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, gender and ethnic origin in the administration of its educational policies, admission policies, and other school administered programs.

IMPORTANT

Re-enrollment is not complete until the enrollment fee has been paid and all necessary documents are attached.

Parent Signature: _____

Parent Signature: _____