



Frankfort Christian Academy

Application for Re-Enrollment

www.frankfortchristianacademy.org

DATE OF APPLICATION: _____

STUDENT INFORMATION

Name: _____
First Middle Last

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

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

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

FAMILY INFORMATION

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

Has contact information changed? YES NO New contact info:

CHURCH INFORMATION

Does the student attend church faithfully? YES NO If not, why?

Is the student attending the same church? YES NO Church name:

MEDICAL INFORMATION

Has the student's medical condition changed? YES NO Explain:

Does the student have new allergies? YES NO Explain:

Has the student's medical provider changed? YES NO 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.

I agree to comply with the FCA Handbook.

Parent Signature: _____

Parent Signature: _____