



Application for Admission

Please complete for each K-6 student seeking admission. Upon receipt, we will contact you to determine if there is space and we can serve your child. This will depend on classroom openings, a one on one interview with your child, assessment, and meeting the criteria of our mission.

Student Information:

Child's Full Name: (first, middle, last) _____ M ___ F ___

Birth Date: _____ Anticipated Grade Level: K 1st 2nd 3rd 4th 5th 6th

Child's Address
(Street) (City) (State) (Zip)

Name of Church You Attend: _____

School Information:

Current School or Last Attended _____ Dates Attended _____

Has your child skipped or repeated any grades? Yes No If yes, please explain further:

Does your child have an IEP in place? Yes No

Household/Guardian Information:

Household Info: # of dependents _____

Household type: Single parent ___ Two parent home ___ Other (specify) _____

Parent/Guardian Name(s) _____ Primary guardian? Yes No

Education Level: Some High School High School Diploma Some College College Grad

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Home Phone _____ Mobile Phone _____

E-mail Address _____

Estimated 2019-2020 Household Income \$ _____

Why do you want to enroll your child at Faith Academy?

Are you aware and accepting of required parental involvement and willing to be held accountable?

Yes No