

Faith Christian Preschool, Faith Christian Academy and Faith Christian High School

We would like to thank you for beginning the process of enrolling your child or children into Faith Christian Academy. FCA admits students of any race, color, national and ethnic origin to all rights, privileges and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, national and ethnic origin in administration policies, scholarship and loan programs, athletic and other school administered programs.

Faith Christian Academy is a fully accredited, non-denominational, Preschool through Twelfth Grade school. The school strives to accomplish its mission by creating and maintaining a safe, challenging, supportive and diverse community.

A non-refundable application check or money order for \$35.00 for each student must accompany these forms in order to begin your application process. The application fee along with the application can be dropped off or mailed to the Faith Christian Academy campus: 450 West Elm Ave, Coalinga CA 93210; the application can also be faxed to (559) 935-0745. Once your application and application fee has been received, you will be contacted in order for us to move forward with the enrollment process.

If you have any questions, please contact our front office at (559) 935-9209. Thank you and have a blessed day!

Student Information

Complete this page for each child you are enrolling

Student's last school attended: _____
Name Address

Has your child repeated any grade? Yes or No If so, what grade? _____

Reason for selecting this school: _____

Give name(s) of member(s) of your immediate family who have attended or are attending Faith Christian:

Name	Dates of Attendance	Name	Dates of Attendance
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Do you attend church regularly? Yes or No If so, give name of church: _____

Did your child miss more than five days of school during the last year? Yes or No If so, why? _____

Does your child have any physical limitations, which might require some adjustment to a normal student schedule?
 Yes or No If so, please describe: _____

Does your child have a learning disability or limitation that might require special, professional assistance?
 Yes or No If so, please describe: _____

Does your child take prescription medication regularly? Yes or No If so, please list medication, frequency and condition requiring it: _____

Has your child been hospitalized within the past year? Yes or No If so, please give date(s) and reason: _____

Has your child ever been treated for any nervous, mental or emotional disorder(s)? Yes or No If so, please give the name of doctor or facility providing care and date(s) of care: _____

Does your child have a confidential file at his or her previous school? Yes or No

Has your child ever been evaluated for an I.E.P (Individualized Education Program)? Yes or No

Has your child ever been suspended? Yes or No If so, state reason: _____

Has your child ever had to serve detention? Yes or No If so, state reason: _____

Do you owe a balance at your child's previous school? Yes or No

For grades 3rd and above – Does your child have a B average for the last quarter report card? Yes or No