



**Prospective Secondary Student Information**

Name \_\_\_\_\_ Grade to enter \_\_\_\_\_ Today's Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Parent's Name \_\_\_\_\_

Church you attend \_\_\_\_\_ Do you attend regularly? ( Y / N )

Most recent school attended \_\_\_\_\_ Have you attended all year? ( Y / N )

Most recent grade attended (Circle One) 7 8 9 10 11 12 Have you ever had an IEP? ( Y / N )

Please list any subjects in which you have a D or F

SUBJECT	GRADE
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

LIST OTHER AREAS OF INVOLVEMENT (Band, Chorus, Sports, etc.)
_____
_____
_____
_____
_____

Have you ever been a student at Faith Christian Academy? ( Y / N ) Which grade? \_\_\_\_\_

Have you ever repeated a grade? ( Y / N ) Which grade? \_\_\_\_\_

If you answer "yes" to any of the next six questions, please explain on the back of this sheet.

1. Have you ever been suspended from school? ( Y / N ) When?

\_\_\_\_\_

2. Have you ever been expelled from school? ( Y / N ) When? \_\_\_\_\_

3. Have you ever been arrested? ( Y / N ) When? \_\_\_\_\_

4. Have you ever undergone counseling for discipline, family, psychological, or other reasons? ( Y / N )

When? \_\_\_\_\_ Please describe \_\_\_\_\_

5. Have you ever smoked/vaped? ( Y / N ) Used alcohol? ( Y / N ) Used drugs? ( Y / N )

6. Do you currently smoke / vape? ( Y / N ) Use alcohol ( Y / N ) Use drugs? ( Y / N )

Would you be willing to refrain from smoking, vaping, using alcohol, or using drugs if you were to be accepted to FCA? \_\_\_\_\_

Do you want to come to school here? ( Y / N ) Why / why not? \_\_\_\_\_

I certify that the above information is true: \_\_\_\_\_

Student Signature



# APPLICATION FOR ENROLLMENT

## Faith Christian Academy

\_\_\_\_/\_\_\_\_/\_\_\_\_  
DATE SUBMITTED  
PLEASE COMPLETE FORM IN ITS ENTIRETY

627 S. Main St.  
Jamestown, TN. 38556  
931-879-9137  
www.myfaithchristian.org

\*WERE YOU REFERRED TO FCA? IF SO, BY WHOM? \_\_\_\_\_

<b>STUDENT ONE</b> (Oldest Child)	_____ Last Name	_____ First Name	_____ Middle	_____ Goes By	
	_____ Home Phone	<input type="checkbox"/> Male	<input type="checkbox"/> Female		
	_____ Parent(s) With Whom Student Lives		_____ Grade Entering		
	_____ Street Address	_____ City	_____ State	_____ Zip Code	_____ County
	_____ School Last Attended		_____/_____/_____ Student's Birthdate		
	_____ Race		_____ Church / Pastor's Name		

<b>STUDENT TWO</b>	_____ Last Name	_____ First Name	_____ Middle	_____ Goes By	
	_____ Home Phone	<input type="checkbox"/> Male	<input type="checkbox"/> Female		
	_____ Parent(s) With Whom Student Lives		_____ Grade Entering		
	_____ Street Address	_____ City	_____ State	_____ Zip Code	_____ County
	_____ School Last Attended		_____/_____/_____ Student's Birthdate		
	_____ Race		_____ Church / Pastor's Name		

<b>STUDENT THREE</b>	_____ Last Name	_____ First Name	_____ Middle	_____ Goes By	
	_____ Home Phone	<input type="checkbox"/> Male	<input type="checkbox"/> Female		
	_____ Parent(s) With Whom Student Lives		_____ Grade Entering		
	_____ Street Address	_____ City	_____ State	_____ Zip Code	_____ County
	_____ School Last Attended		_____/_____/_____ Student's Birthdate		
	_____ Race		_____ Church / Pastor's Name		