

Faithful Schooling Student Application

Student name: _____ Birthday: _____

Current Grade Level: _____ Last School Attended: _____

Date of Application: _____

[Circle an option below]

My student is a NEW STUDENT / RETURNING STUDENT

Applicant/Guardian name: _____

Applicant/Guardian relationship to student: _____

Please fill out the following information for the 2 predominant parents/guardians over the student:

Father's Name: _____ Workplace: _____

Home Phone: _____ Email: _____

Work Phone: _____

Cell Phone: _____

Address of residence: _____

Time lived at residence: _____ years/months

Mother's Name: _____ Workplace: _____

Home Phone: _____ Email: _____

Work Phone: _____

Cell Phone: _____

Address of residence: _____

Time lived at residence: _____ years/months

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Academic Year: _____

Help us stay up-to-date with your child's information:

What medications, if any, does your child take on a daily basis? _____

What medication, if any, will your child be required to take during school hours? *Please list medications and time student must take it/them:* _____

Is there any food/type of food your child must not consume? Please list: _____

Please list any known allergies your child has: _____

Siblings/Ages: _____

Church Attended: _____

Is your child active in a child/youth group? _____

Are there any special extracurricular activities/hobbies/interests/talents of your child that can help us lift them up and/or encourage them? Please list: _____

Does your child have any fears/anxieties we should be aware of? _____

What are your child's strengths? _____

What are your child's weaknesses? _____

Are there any subjects of concern, in general, we should be aware of? _____

What types of grades does your child usually maintain if they are a new student? _____

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Academic Year: _____

Has your child ever been officially diagnosed by a learning specialist with any learning/cognitive/behavioral disorders? If so, please list what your child was diagnosed with along with the doctor's name. Please include a copy of the official diagnosis at time of enrollment:

Does your child have any suspected learning disabilities that we need to modify for? _____

Does your child have any behavior modifications that we need to be aware of? _____

Do you feel that your child has been advanced learning needs, has been Gifted/Talented "GT" recognized, or is generally ahead of their learning curve? Please explain: _____

[For new students] Does your child currently LIKE school? If not, please explain:

What is your child's most favorite class in school and why? _____

Who is your child's favorite past teacher and why? _____

As a parent, what concerns are bringing you to enroll or re-enroll with Faithful Schooling?

What do you hope to accomplish most this year with your child as a student at Faithful Schooling?

Is there any additional information about your child that you would like us to know, to help us understand him/her and to help us get to know them better? _____

VERIFICATION OF INFORMATION

I, _____, hereby agree that all the information listed above for the student
_____ is accurate and up-to-date to the best of my knowledge.

Applicant/Guardian Signature: _____

Applicant/Guardian Printed Name: _____

Date: _____
