FREEPORT CHRISTIAN ACADEMY

APPLICATION FORM

GRADE APPLYING FOR													
K4	K5	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	11th	12th

PERSONAL INFORMATION							
Students Name	Last			First		Female	Male
Date of Birth	Month	Day	Year	Country of birth	Citizenship	First Language	

PERSONAL MAILING ADDRESS				
Home address	Address			
	City	State	Zip code	County

FAMILY INFORMATION			
Mother/Guardian Name			
Home Phone #		Cell Phone #	
Job #		Other#	
e-mail			
Father/Guardian Name:			
Home phone #		Cell Phone #	
Job #		Other#	
e-mail			

ADDITIONAL INFORMATION					
Has your child ever had or do they currently have an IEP? If yes, please explain and attach copies of any report				Y	N
Has your child ever had or do they currently have a 504 Plan? If yes, please explain and attach copies of any report				Y	N
Has your child been diagnosed with ADD or ADHD?				Y	N
How did you hear about us?	Internet		Advertisement	Other	
Did someone refer you to FCA?	Yes	No	If yes, who?		

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