



## STUDENT ENROLLMENT FORM

### STUDENT DETAILS:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Telephone #: \_\_\_\_\_ Cell Phone: (if applicable) \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Previous school (if any): \_\_\_\_\_ Grade Level: \_\_\_\_\_  
Is the child a U.S. citizen? Yes  No  If no, which citizenship do they hold? \_\_\_\_\_

**Please provide and attach a recent photograph of the student enrolling.**

### FATHER/GUARDIAN:

Full Name: \_\_\_\_\_ Single  Married  Separated  Cell Phone #: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Telephone #: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Where Employed: \_\_\_\_\_ Work #: \_\_\_\_\_

### MOTHER/GUARDIAN:

Full Name: \_\_\_\_\_ Single  Married  Separated  Cell Phone #: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Telephone #: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Where Employed: \_\_\_\_\_ Work #: \_\_\_\_\_

### SIBLINGS:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_ Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_  
Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_ Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

### SPIRITUAL:

Which Church do you attend? \_\_\_\_\_ Name of Pastor/Minister: \_\_\_\_\_  
Address of Pastor/Minister: \_\_\_\_\_ Phone #: \_\_\_\_\_

### COURT ORDER:

Is there a current Family Court Order? Yes  No  If yes, the school needs to view this order.

### ENROLLMENT FEES:

There is a \$50.00 non-refundable Enrollment Fee per child.

**Please Note:** Fees paid for the current month will not be refunded when a child is withdrawn during that month.

**STATEMENT ON STUDENT:**

Is your child currently participating in a special education program?

**YES****NO**

Has your child had any testing such as psychological assessment?

Has your child any disabilities?

Does your child suffer any loss of hearing?

Does your child suffer any problem with their sight?

Does your child suffer from any chronic complaint?

Does your child regularly take any medication?

Are there any more details which would enable us to minister more effectively to your child?

**If "YES" is marked to any of the above questions, please give details and documentation where possible.**


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**PARENT/GUARDIAN SUPPORT:**

It is expected that parents/guardians support the philosophies, aims and policies of the school as stated. Parents/guardians are expected to help within the school community and, where possible, with the improvement of school facilities.

**FEES:**

It is expected that all fees and charges are paid promptly upon invoice (within two weeks of the beginning of the month) unless specific arrangements have been made between yourself and the school.

**DISCIPLINE:**

Our total program is designed to develop the spiritual and academic qualities of your child to their potential. We follow a scriptural pattern for discipline and it is expected that parents/guardians have read the school's "Parent Discipline Handbook" and agree to accept and support the school's method of discipline.

**AGREEMENT:**

I acknowledge that this form has been read in its entirety and that all information stated is a true and accurate record. I agree to the parent/guardian support and fee expectations of the school and am aware of the discipline methods in which the school engages, and I choose to agree and accept these statements and actions. I understand that the school reserves the right to review enrollment at any time.

**Mother's Signature:** \_\_\_\_\_ **Father's Signature:** \_\_\_\_\_

**Guardianship Signature (if necessary):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Failure to accurately complete all sections of this enrollment form may result in the school's inability to accommodate your child's individual needs and may affect your application.**

**OFFICE USE ONLY****PLEASE RETURN COMPLETED FORM TO:**

Date Appl. Rec'd. \_\_\_\_\_ Date Accepted \_\_\_\_\_

Entry Level \_\_\_\_\_ Entry Date \_\_\_\_\_

Receipt # \_\_\_\_\_

**Faith Christian School**  
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