Faith Baptist Christian Academy
Online & Correspondence Program

Enrollment Application

Please type or print clearly your name as you want it to appear on your High School Diploma.

Name: First Middle Last

Mailing Address Street or Box# Apt #

City State Zip Code

Phone # E-Mail Address Birth Date MM/DD/Year

Name of Last School Attended

Last Grade Completed Date Last Attended MM/DD/Year

I understand the terms and conditions explained in the cover letters accompanying this enrollment application

Signature MM/DD/Year

Please be sure to include all items needed to process your application. We will not be able to process your material until all items are sent in to us!

I am enclosing fees for:
Enrollment and Testing $150.00

Total Enclosed: **$**_____

- ☑ Copy of Your I.D. or Birth Certificate
- ☑ Withdrawal Form (If you are under 20 years of age)
- ☑ Money Order or Cashiers Check (Personal Checks are not accepted)

Make money order or cashiers check payable to: *Faith Baptist Christian Academy*

Mail to: **Faith Baptist Christian Academy Online & Correspondence Program**
PO Box 100
Ludowici, GA 31316

Do Not Write Below This Line!

Date Received Date Testing Package Sent

Note: Emailed Applications are not Accepted