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