

FBCA REGISTRATION FORM

Please attach a recent photo of the student if possible.

*This registration form is for **all** students who desire to enroll for the coming school year. The registration fee of \$450.00 per family per year must accompany this form. **This fee is non-refundable.***

Student's Name	Age	Grade For Enrollment	Sex	Soc. Sec. No.	DOB

HOME ADDRESS _____ PHONE _____

CITY/STATE _____ ZIP _____

FATHER'S NAME _____ EMPLOYER _____

WORK PHONE _____

MOTHER'S NAME _____ EMPLOYER _____

WORK PHONE _____

PHYSICIAN TO BE CONTACTED IN CASE OF EMERGENCY:

_____ ***PHONE: _____

STATEMENT OF COOPERATION

In making application for my child to attend *Faith Baptist Christian Academy*, it is my desire for him/her to complete the school year. It is also my desire that my child participate in the entire church / school program. I also give permission for my child to take part in all school activities - including sports activities and field trips away from the church / school premises, and absolve *Faith Baptist Church, Faith Baptist Christian Academy*, and the school staff from liability to me or my child because of any injury to my child at the church / school or any church / school activity. It is also my understanding that the school staff and administration is hereby given full discretion regarding the discipline of my child.

I understand that this includes the issuing of detentions, suspension, corporal correction, and expulsion from the church / school, if necessary.

I have read the school information handbook and agree to cooperate fully with the staff and administration of FBCA. I agree to abide by the guidelines set forth in the information handbook.

PARENT'S SIGNATURE _____ **DATE** _____

(Please sign and return as soon as possible)