



FAITH FELLOWSHIP SCHOOL

Establishing the kingdom of God with a new generation

ENROLLMENT FORM

Enrollment Year: _____

General Information:

Name: (Last) _____ (First) _____ (M.I.) _____

MDCPS Student ID Number: _____

Social Security Number: _____

Grade Entering: _____

Gender: Male ___ Female ___ Age: _____ Date of Birth: _____

Ethnicity: Hispanic/Latino ___ Non-Hispanic/Non-Latino ___

Race: White ___ Black/African American ___ American Indian/Alaska Native ___ Asian ___

Native Hawaiian/Other Pacific Islander ___

Allergies/Special Medical Condition(s): _____

Church Student Attends: _____

IEP: YES ___ NO ___

Scholarship (please select one, if applicable): McKay ___ Step-Up ___ PLSA ___ AAA ___

Home Information: Primary Residency of Student

Parent/Guardian First Name _____ M.I. _____ Last Name _____

Relationship to Student: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Occupation: _____ Employer: _____

Telephone Numbers:

Home: _____ Cell Phone: _____ Work: _____

Email Address: _____

Church Parent/Guardian Attends: _____

Spouse's Name: _____

Occupation: _____ Employer: _____

Telephone Numbers:

Home: _____ Cell Phone: _____ Work: _____

Email Address: _____

Church Spouse Attends: _____

Parent's Name (Not living at the same address with student)

Parent/Guardian First Name _____ M.I. _____ Last Name _____

Relationship to Student: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Occupation: _____ Employer: _____

Telephone Numbers:

Home: _____ Cell Phone: _____ Work: _____

Email Address: _____

Church Parent/Guardian Attends: _____

Spouse's Name: _____

Occupation: _____ Employer: _____

Telephone Numbers:

Home: _____ Cell Phone: _____ Work: _____

Email Address: _____

Church Spouse Attends: _____

Student Living Status:

Marital Status of Student's Parents:

Married Separated Divorced One parent deceased

Student living with natural single parent

Student living with natural parent and one step parent.

If student is not living with at least one natural parent, with whom is she/he living (Grandparents, guardian, etc.)? _____

If parents are divorced or separated, who has legal custody of the student? _____

What is the primary language spoken in the home? _____

If there are other children in your family, please complete the following:

Name: _____ Age: _____ School: _____

Name: _____ Age: _____ School: _____

Name: _____ Age: _____ School: _____

Name: _____ Age: _____ School: _____

Spiritual Information:

Of which church or parish is your family member? _____

What is the family's denomination? _____

Parent's church attendance:

Weekly Several times a week Occasionally

Student's church/Sunday School attendance:

Weekly Several times a week Occasionally

Previous Academic History:

School: _____

Address: _____

Dates Attended: _____

Grades Completed: _____

Has the student ever failed a grade? ____ Yes ____ No.

If so, state grade and date: _____

Report cards and standardized testing results for the past two years will need to be provided for academic review.

Conduct:

Has the student ever been:

____ Suspended ____ Expelled ____ Asked to withdraw

If so, please give full details on a separate sheet of paper, including the principal's name and the address of the school.

Has the student ever been questioned, apprehended, arrested, or retained by the police, or any law enforcement officer? ____ Yes ____ No.

If so, please explain: _____

Learning/Behavior/Physical Disabilities:

Has the student ever been evaluated and/or identified as being learning disabled or emotional handicapped?

____ Yes ____ No. If so, please explain: _____

Indicate the nature of any behavior problems: _____

List and describe any physical handicaps or other conditions which may affect your child's success in school: _____

Motivation:

Why is your child withdrawing from his/her present school? _____

Please write briefly why you are enrolling your child in Faith Fellowship School: _____

References:

Please list three individuals who have given consent to be personal references including choices from the following list: Church Staff Member, Previous School Employee, Personal Friend or Family Member.

Name: _____

Address: _____

Telephone Numbers:

Home: _____ Cell Phone: _____ Work: _____

Name: _____

Address: _____

Telephone Numbers:

Home: _____ Cell Phone: _____ Work: _____

Name: _____

Address: _____

Telephone Numbers:

Home: _____ Cell Phone: _____ Work: _____

I affirm the above information to be true and accurate.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date