



# FAITH FELLOWSHIP SCHOOL

Establishing the Kingdom of God with a New Generation

## ENROLLMENT FORM

Enrollment Year: \_\_\_\_\_

### **General Information:**

Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (M) \_\_\_\_\_

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): Step-Up FTC \_\_\_ Step-Up FES-EO \_\_\_ Step-Up FES-UA \_\_\_

### **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: \_\_\_\_\_

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**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