

APPLICATION FOR ADMISSION
Florida Christian Academy
1st through 12th Grades



Student Information

Student's Legal Name _____
(Last) (First) (Middle)

Grade to Enter _____ Hobbies _____

Preferred Name _____ Sex _____ Age _____ Date of Birth: Month _____ Day _____ Year _____

Address _____
(Resident and mailing address) (City) (State) (Zip)

Place of Birth _____ Social Security No. _____ Ethnicity _____

Is student a United States citizen: Yes _____ No _____ (If no, appropriate immigration papers must be submitted with this school application?)

Student resides with (check one): Both parents _____ Mother _____ Father _____ Guardian _____

List any legal authority or parent restrictions _____

Last school attended _____ Telephone No. _____

Address of school _____
(Street Address or P.O. Box Address) (City) (State) (Zipcode)

Father/Mother/Guardian

Father/Guardian Name _____ Title _____

Residence & mailing Address _____
(Street & P.O. Box) (City) (State & Zip)

Relationship to Student _____ Marital Status _____ Years College _____

Home Telephone _____ Home email Address _____

Father/Guardian Work No. _____ Occupation _____

Mother/Guardian Name _____ Title _____

Residence & mailing Address _____
(Street & P.O. Box) (City) (State & Zip)

Relationship to Student _____ Marital Status _____ Years College _____

Home Telephone _____ Home email Address _____

Mother/Guardian Work No. _____ Occupation _____