

# Family Christian Academy REGISTRATION

**Current School Year:**

- 2015-2016  
 2016-2017  
 2017-2018  
 2018-2019

*PLEASE PRINT ALL INFORMATION.*

<b>FATHER / GUARDIAN INFORMATION:</b>	<b>RELATIONSHIP TO STUDENT:</b> <input type="checkbox"/> Father
Full Legal Name:	<input type="checkbox"/> Step-Father
Social Security Number:	<input type="checkbox"/> Guardian
	<input type="checkbox"/> Other:
Street Address:	
City, State, Zip:	Lives with child(ren): <input type="checkbox"/> Yes
Home Phone: (    ) _____ - _____	<input type="checkbox"/> No
Cell Phone: (    ) _____ - _____:	
EMAIL:	Place of Employment:
	Address:
Does your phone accept text messaging for our Text Message Contact System? <input type="checkbox"/> YES <input type="checkbox"/> NO	City, State, Zip:
	Work Phone: (    ) _____ - _____
	Occupation:

<b>MOTHER / GUARDIAN INFORMATION:</b>	<b>RELATIONSHIP TO STUDENT:</b> <input type="checkbox"/> Mother
Full Legal Name:	<input type="checkbox"/> Step-Mother
Social Security Number:	<input type="checkbox"/> Guardian
	<input type="checkbox"/> Other:
Street Address:	
City, State, Zip:	Lives with child(ren): <input type="checkbox"/> Yes
Home Phone: (    ) _____ - _____	<input type="checkbox"/> No
Cell Phone: (    ) _____ - _____	
EMAIL:	Place of Employment:
	Address:
Does your phone accept text messaging for our Text Message Contact System? <input type="checkbox"/> YES <input type="checkbox"/> NO	City, State, Zip:
	Work Phone: (    ) _____ - _____
	Occupation:

STUDENT'S FULL LEGAL NAME	GENDER	SSN#	BIRTH DATE mm/dd/yyyy	AGE	ENROLLMENT GRADE
					ELEMENTARY: <input type="checkbox"/> K4 <input type="checkbox"/> K5 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 MIDDLE: <input type="checkbox"/> 7 <input type="checkbox"/> 8 SENIOR HIGH: <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12
					ELEMENTARY: <input type="checkbox"/> K4 <input type="checkbox"/> K5 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 MIDDLE: <input type="checkbox"/> 7 <input type="checkbox"/> 8 SENIOR HIGH: <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12
					ELEMENTARY: <input type="checkbox"/> K4 <input type="checkbox"/> K5 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 MIDDLE: <input type="checkbox"/> 7 <input type="checkbox"/> 8 SENIOR HIGH: <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12
					ELEMENTARY: <input type="checkbox"/> K4 <input type="checkbox"/> K5 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 MIDDLE: <input type="checkbox"/> 7 <input type="checkbox"/> 8 SENIOR HIGH: <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12

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PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE