

FOR OFFICE USE ONLY
Date Application Received. _____
Registration Fee _____
Interview & Test _____
Birth Certificate _____

FOR OFFICE USE ONLY:
Contract _____
Perm.Rec Release _____
Health Record _____

**APPLICATION FOR ENROLLMENT TO
FAITH BIBLE CHRISTIAN ACADEMY
301 Mary St. Rosamond, IL 62083
Phone: 217-562-5054**

STUDENT
NAME _____ M _____ F _____
(Legal) (last) (first) (middle)

ADDRESS: _____ Phone: _____
(street) (city) (zip code)

Birthdate: _____ Birthplace: _____ Soc.Sec.# _____

FATHER: Name _____ Living with Child Yes _____ No _____
Occupation _____ Deceased _____ Divorced _____
Employer _____ Business Phone _____

MOTHER: Name _____ Living with Child Yes _____ No _____
Occupation _____ Deceased _____ Divorced _____
Employer _____ Business Phone _____

PERSON AUTHORIZED TO CARE FOR CHILD IN EMERGENCY IF MOTHER OR FATHER CANNOT BE REACHED:

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Signature: _____ Signature: _____

Date: _____

Signature: _____

The school does not discriminate on the basis of sex, race, color, national or ethnic origin in the administration of its educational policies, admissions policies, or any other programs administered by the school.