

## STUDENT INFORMATION

First Name: \_\_\_\_\_ Birthdate: Y \_\_\_\_\_ M \_\_\_\_\_ D \_\_\_\_\_  
Middle Name: \_\_\_\_\_ Entering Grade: \_\_\_\_\_  
Last Name: \_\_\_\_\_ Gender: ☐ Female ☐ Male

## PARENTAL INFORMATION

### Father's information

First Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Marital Status: ☐ Married ☐ Divorced ☐ Widowed  
Lives with children: ☐ Y ☐ N  
Phone: (\_\_\_\_) \_\_\_\_\_  
Cell: (\_\_\_\_) \_\_\_\_\_  
Work: (\_\_\_\_) \_\_\_\_\_ Ext: \_\_\_\_\_

### Mother's information

First Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Marital Status: ☐ Married ☐ Divorced ☐ Widowed  
Lives with children: ☐ Y ☐ N  
Phone: (\_\_\_\_) \_\_\_\_\_  
Cell: (\_\_\_\_) \_\_\_\_\_  
Work: (\_\_\_\_) \_\_\_\_\_ Ext: \_\_\_\_\_

## HOME ADDRESS

### Physical Address

Apt.# \_\_\_\_\_ Street: \_\_\_\_\_  
City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Country: \_\_\_\_\_

### Mailing Address (Complete only if it is different from home address.)

Street/PO Box#: \_\_\_\_\_  
City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Country: \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

### People that will be contacted if school is unable to contact parent(s):

First Name: _____	First Name: _____
Last Name: _____	Last Name: _____
Relationship to child: _____	Relationship to child: _____
Phone: (____) _____	Phone: (____) _____
Cell: (____) _____	Cell: (____) _____
Work: (____) _____ Ext: _____	Work: (____) _____ Ext: _____

## CUSTODY

Are there special instructions to be noted regarding custody of students? ☐ No ☐ Yes - if Yes, please explain.

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## SCHOOL INFORMATION

Last school attended:

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Contact person at school:

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Grade: \_\_\_\_\_

Reason for leaving this school:

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School contact #: (\_\_\_\_) \_\_\_\_\_

## PERMISSION

Permission given:

- ☐ Yes ☐ No **School Trips:** My child may participate in school related off campus trips that are supervised by a faculty member. Such as: Sports, Field Trips, Skating etc.
- ☐ Yes ☐ No **Image Permission:** My child's picture, voice, video and/or work may be used by FCA for promotional materials.
- ☐ Yes ☐ No **Lunch hour Permission - Grade 6 – 12 Only:** My child may leave the FCA school grounds between the hours 12:00 noon – 1:00 pm. I (we) recognize that my child will be unsupervised by school faculty upon leaving the school grounds.

## STUDENT WITHDRAWAL POLICY

Student withdrawals must be made by the parent, in person, through the admissions office. Official withdrawal forms will be processed and the necessary signatures obtained.

NOTE: Records will not be released until all bills are paid in full, and all textbooks and materials have been returned.

Parents, please initial here to signify that you have read and understand this policy: \_\_\_\_\_

## SIGNATURES

Signature of both parents is required.

As parents, we give our full support to the teachers, programs and policies of FCA. We pledge to pay the tuition payments as outlined in the payment contract.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date