

The Enrichment Academy of FCCS Application for Admission

2210 5th Avenue North
Great Falls, Montana 59401
(406)452-5276
EMAIL: Homeschool@foothillschristian.org
Web Site: www.foothillschristian.org

OFFICE USE ONLY	
Date Received: _____ Fee(s) Paid: _____	<input type="checkbox"/> Board member/FCCS Employee

Please print neatly. Application must be completed in full and submitted before your child will be considered for admission. All registration and processing fees must accompany application.

GENERAL STUDENT INFORMATION

Applicant's full name: _____
Last First Middle

Date of birth: _____ Mobile: _____ Home phone: _____

Sex of applicant: _____ Email: _____ Social Security Number: _____

PARENT/GUARDIAN INFORMATION

Father's/Guardian's full name: _____
Last First Middle

Home address: _____
Street City State Zip

Home phone: _____ Cell phone: _____ Work phone: _____

Email: _____

Occupation: _____ Employer: _____
(position)

Business address: _____
Street City State Zip

Marital Status: Married Separated Divorced Widowed

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PARENT/GUARDIAN INFORMATION

Mother's/Guardian's full name: _____
Last First Middle

Home address: _____
Street City State Zip

Home phone: _____ Cell phone: _____ Work phone: _____

Email: _____

Occupation: _____ Employer: _____
(position)

Business address: _____
Street City State Zip

Marital Status: Married Separated Divorced Widowed

IN CASE OF EMERGENCY

Person to contact in case of emergency if the person legally responsible cannot be reached:

Name: _____ Relation to applicant: _____

Home phone: _____ Business phone: _____ Cell phone: _____

Name: _____ Relation to applicant: _____

Home phone: _____ Business phone: _____ Cell phone: _____

Name: _____ Relation to applicant: _____

Home phone: _____ Business phone: _____ Cell phone: _____

Name of applicant's physician: _____

Address of practice: _____

Home phone: _____ Office phone: _____

Additional comments and information: _____

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GENERAL MEDICAL INFORMATION

Please indicate any medical conditions of which the faculty and staff should be aware (e.g., asthma, etc.):

Please list any allergies of which the faculty and staff should be aware:

Does your child have any known handicaps, mental or physical, that would limit his/her participation in our educational program?

REFERENCES

Name of church you now attend: _____

Pastor's name: _____ Office phone: _____

Are you a member of this church? _____ Do you regularly attend worship services? _____

If not, how long have you been attending/visiting this church? _____

What church ministries are you currently serving in? _____

Please list any religious/civic organizations to which you belong: _____

PARENTS' / GUARDIANS CHRISTIAN EXPERIENCE

Father/Guardian: Are you a Christian? _____

On what do you base your answer? _____

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PARENTS' / GUARDIANS CHRISTIAN EXPERIENCE

Mother/Guardian: Are you a Christian? _____

On what do you base your answer? _____

State your reason(s) for wanting your child to participate in FCCS Home School program.

List your top three expectations from the FCCS Home School Program.

In order of importance list what you consider to be the three most vital aspects of your child's education. Be specific:

1. _____

2. _____

3. _____

In consideration of Foothills Community Christian School accepting my/our child in the program, I/We will accept full financial responsibility for my/our child's tuition, fees, and cost assessed for damage to any school property. It is understood that failure to pay all tuition and fees may result in dismissal until all financial obligations have been met.

Father's/Guardian's Signature

Mother's/Guardian's Signature

Please note that this application alone will not secure a place for your child on the waiting pool. The non-refundable application fee must accompany this application.

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ENROLLMENT FORM

PLEASE USE BLACK INK

Student Name	Social Security #	School Last Attended (prior to Home Schooling)	Birthday mm/dd/yy	Age

PARENT/GUARDIAN

	Mother or Guardian	Father or Guardian
Name		
Address		
Home Phone		
Work Phone		
Work Place		
Emergency Person & Phone		
Church Affiliation		
Name of Church You Attend		

_____ Date _____ Parent/Guardian Signature _____ Parent/Guardian Signature

Registration Fee: \$50.00 per subject per semester (Grades 6-12) – maximum of three

Amount: _____ Date: _____ Check #/Cash: _____

Enrollment for new students will only be accepted if all of the following items are included:

- | | |
|--|---|
| 1. <input type="checkbox"/> Registration Fee (full amount) | 4. <input type="checkbox"/> Birth Certificate |
| 2. <input type="checkbox"/> Completed Enrollment Form | 5. <input type="checkbox"/> Application for Program |
| 3. <input type="checkbox"/> Medical and Permission Release | 6. <input type="checkbox"/> Immunization Records & Physical |

Enrollment for returning students will only be accepted if the first two items are included