



6801 S. East Street, Indianapolis, IN 46227

317-787-9120

Student Enrollment Form

Student Information

Name: _____ Sex: _____ Date of Birth: _____

Address: _____

Student Email: _____ Student Phone: _____

Parent/Guardian Information

Father's Name: _____ Cell Phone: _____

Email: _____ Marital Status: _____

Father's Employer: _____ Phone: _____

Mother's Name: _____ Cell Phone: _____

Email: _____ Marital Status: _____

Mother's Employer: _____ Phone: _____

Guardian's Name: _____ Cell Phone: _____

Email: _____ Marital Status: _____

Guardian's Employer: _____ Phone: _____

If your child does not live with both parents, is adopted or subject to any other court ordered relationships, please explain the child's legal status below including court documents, case number, state of order and identify the legal guardian. Also, please attach a copy of pertinent legal documents.

Sibling Information

Name: _____ Age: _____ School: _____

Name: _____ Age: _____ School: _____

Name: _____ Age: _____ School: _____

Church Information

Name of Church: _____ Pastor: _____

Address: _____ Phone: _____

Attended with: _____ Years attended? _____

Previous/Other Church attended _____

School History

School	Grade	Address	Date
_____	_____	_____	_____
_____	_____	_____	_____

Does your child have any learning issues? * ESL/IEP? ADD/ADHD? On the Spectrum? If so, please explain

Has your child had **any** disciplinary issues at school? ** (including but not limited to after-school/lunch detention, ISS or OOS, expulsion) if so, please explain

****Failure to disclose information about your child’s ESL, IEP, or disciplinary issues could result in the immediate dismissal of your child from Faith Community Christian School****

How did you hear about FCCS? _____

Do you have a referral? If so, who? _____

Parent/Guardian’s Signature

Date