



ENROLLMENT APPLICATION

DATE RECEIVED: _____

APPLICATION FEE: _____

RECEIVED BY: _____

CHILD/APPLICANT INFO

FIRST NAME: _____ MIDDLE: _____ LAST: _____

PREFERRED NAME: _____ GENDER: ☐ Male ☐ Female

BIRTHDATE: _____ CURRENT AGE: _____ CURRENT GRADE: _____

CURRENT SCHOOL: _____ DISTRICT: _____

IS YOUR CHILD ATTENDING SCHOOL: ☐ Virtually ☐ In-Person ☐ Other _____

T-SHIRT: ☐ YOUTH SM ☐ YOUTH MED ☐ YOUTH LG ☐ ADULT SM ☐ ADULT MED ☐ ADULT LG

ADDRESS: _____

DOES THE APPLICANT HAVE ELEMENTARY AGED SIBLINGS? Please list names, ages, & grades:

Sibling 1: _____

Sibling 2: _____

PARENT 1 / GUARDIAN 1 INFO

FIRST NAME: _____ MIDDLE: _____ LAST: _____

SALUTATION: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. OCCUPATION: _____

RELATIONSHIP TO CHILD: _____ EMAIL: _____

ADDRESS: _____

HOME 📞: _____ MOBILE 📞: _____ WORK 📞: _____

PARENT 2 / GUARDIAN 2 INFO

FIRST NAME: _____ MIDDLE: _____ LAST: _____

SALUTATION: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. OCCUPATION: _____

RELATIONSHIP TO CHILD: _____ EMAIL: _____

ADDRESS (if different): _____

HOME 📞: _____ MOBILE 📞: _____ WORK 📞: _____

Should both Parent 1 and Parent 2 be included in all communications? ☐ Yes ☐ No

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SCHOOL HISTORY

Please list the school(s) and grade levels your student has attended so far:

SCHOOL ATTENDED: _____ GRADE LEVEL(S): _____

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SCHOOL ATTENDED: _____ GRADE LEVEL(S): _____

SCHOOL ATTENDED: _____ GRADE LEVEL(S): _____

HAS YOUR CHILD EVER REPEATED A GRADE: ☐ Yes ☐ No (If yes, please briefly explain)

Does your child have an IEP, 504, or other learning plan to share? *(NOTE: FCA is not equipped to meet the special needs of some learners. They may be denied admission if their needs cannot be met)*

Has your student had tutoring? ☐ Yes ☐ No (If yes, please briefly explain)

Has your student had any educational testing that would provide a more complete picture of their learning profile? ☐ Yes ☐ No (If yes, please briefly explain) _____

What are your child's strengths? _____

As you consider your child's education, what would you say are his/her top goals? _____

What are some of your child's interests? _____

What are your child's greatest educational areas of need? _____

What about FCA leads you to believe it is an ideal environment for your child? _____

How can FCA best serve your Child? _____

Where did you learn about FCA: _____

Additional comments (if any): _____
