



Student Enrollment Application

Faith Educational Ministries, Inc.
 Jacquelyn Griggs
 Administrator

- Buford
- Conyers
- Loganville
- Stockbridge

Date of Application: _____

STUDENT	<p>First Name: _____ Middle Name: _____ Last Name: _____</p> <p>Address: _____ <small>Street Apt# City State Zip</small></p> <div style="border: 1px solid black; padding: 5px; display: inline-block;"> <p>Ethnicity (Check one): <input type="checkbox"/> American Indian <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Black, not Hispanic <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White, not Hispanic <input type="checkbox"/> Filipino <input type="checkbox"/> Multiracial</p> </div> <p>Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Date of Birth: _____</p> <p>Student Cell: _____</p> <p>Student Home: _____</p> <p>Student Social Security Number: _____ County of Residence: _____</p> <p>Grade: _____ School Transferring From or Dual Enrollment School: _____</p> <div style="border: 1px dashed black; padding: 5px; margin-top: 10px;"> <p><i>_____ My initials here indicate that I acknowledge and understand the NCAA Eligibility Center does not accept Faith Academy non-traditional courses for meeting NCAA core course requirements.</i></p> </div>
PARENT/GUARDIAN	<p>Father/Legal Guardian Name: _____ Phone : _____ <small>Home Cell</small></p> <p>Address: _____ <small>Street Apt# City State Zip</small></p> <p>Employer: _____ Occupation: _____ Work Phone: _____</p> <hr/> <p>Mother/Legal Guardian Name: _____ Phone : _____ <small>Home Cell</small></p> <p>Address: _____ <small>Street Apt# City State Zip</small></p> <p>Employer: _____ Occupation: _____ Work Phone: _____</p>
EMAIL	<p>Student Email Address: _____</p> <p>Parent Email Address: _____</p> <p>Parent Email Address: _____</p>
MEDICAL	<p>Does the student have any physical, visual, or auditory difficulties? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please explain: _____</p> <p>List any medications the student takes: _____</p> <p>List any allergies: _____</p> <p>Name of Student's Physician: _____</p>
SIGNATURE	<p>I, being the parent or legal guardian of the student listed on this application, do certify that the information stated above is true and accurate. _____</p> <p style="text-align: center;"><i>Signature of Parent or Legal Guardian of Minor Student/ Student Signature (18 yrs or older)</i></p>

Staff Initials _____