



Student Enrollment Application



Faith Educational Ministries, Inc.

Buford Conyers Loganville Stockbridge

Date of Application: _____

STUDENT INFORMATION

Name: _____
First Middle Last

Address: _____
Street Apt# City State Zip

Sex: Male Female

Date of Birth: _____

Home Phone: _____

Student Cell: _____

Social Security Number: _____

County of Residence: _____ Grade: _____ School Transferring From or Full Time School: _____

Does the student have any physical, visual, or auditory difficulties? Yes No

If yes, please explain: _____

List any medications the student takes: _____

List any allergies: _____

Name of Student's Physician: _____

Ethnicity (Check one):		
<input type="checkbox"/> American Indian	<input type="checkbox"/> Filipino	<input type="checkbox"/> Pacific Islander
<input type="checkbox"/> Asian	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Multiracial
<input type="checkbox"/> Black, not Hispanic	<input type="checkbox"/> White, not Hispanic	

PARENT/GUARDIAN INFORMATION

Father/Legal Guardian: _____ Phone: _____
First Last Home Cell

Address: _____
Street Apt# City State Zip

Employer: _____ Occupation: _____ Phone: _____

Mother/Legal Guardian: _____ Phone: _____
First Last Home Cell

Address: _____
Street Apt# City State Zip

Employer: _____ Occupation: _____ Phone: _____

Email Addresses

Student Email Address: _____

Parent Email Address: _____

Parent Email Address: _____

Signature

My signature below indicates that I am either an adult student over the age of 18 or the parent/guardian of a minor student and the information I have provided on this application is true and accurate. I understand that Faith Academy is a non-traditional high school accredited by Georgia Accrediting Commission and the NCAA Eligibility Center does not recognize Faith Academy non-traditional courses in determining scholarship eligibility.

Signature of Parent or Guardian of Minor Student/ Student Signature (over 18 years of age) _____