

# Faith Christian Academy

Of

Whitley County

1550 East State Road 205

Columbia City, Indiana 46725

## STUDENT APPLICATION SCHOOL YEAR 2022/2023

Student's Full Name \_\_\_\_\_ Age \_\_\_\_\_  
Last First Middle Initial

Date of Birth \_\_\_\_\_ Birthplace \_\_\_\_\_ ( ) Male ( ) Female  
Month-Day-Year City State

Address \_\_\_\_\_  
Street or Rural Route City State Zip

Home Phone \_\_\_\_\_ E-mail \_\_\_\_\_ Cell Phone \_\_\_\_\_

Class: Pre-school AM PM Grade K 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup> 5<sup>th</sup> 6<sup>th</sup> 7<sup>th</sup> 8<sup>th</sup>

Emergency Contact \_\_\_\_\_ Emergency Phone \_\_\_\_\_  
Outside of home Other than home or business

School Last Attended \_\_\_\_\_  
Name  
City State

Name of Church Attended \_\_\_\_\_

Father \_\_\_\_\_  
Name Present Address Martial Status Church

Mother \_\_\_\_\_

Legal Guardian \_\_\_\_\_

Place of Employment of Father/Legal Guardian \_\_\_\_\_  
Name Address Phone Number

Place of Employment of Mother/Legal Guardian \_\_\_\_\_  
Name Address Phone Number

Chronologically list all other children living with the family:

Name	Date of Birth	School Currently Attending
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other adults living in the home: \_\_\_\_\_

Relationship to student \_\_\_\_\_