Faith Christian Academy

Of

Whitley County 1550 East State Road 205 Columbia City, Indiana 46725

STUDENT APPLICATION SCHOOL YEAR 2024/2025

Student's Full Name							Age				
Last			First					Middle Initial			
Date of Birth Month-Day-Y	l'ear	Birthp	lace _	City		5	State		() Male () Female
Address											
AddressStreet or Rural Route			City			State			Zip		
Home Phone	E-mail					Cell Phone					
Class: Pre-school AM	PM	Grade K	1 st	2^{nd}	3 rd	4 th	5 th	6 th	7^{th}	8 th	
Emergency ContactOutside of home					Emergency Phone Other				than home or business		
School Last Attended _	N	ame									
Name of Church Attend		ity				State					
Name Father			Addres				Martia	l Status			Church
Mother											
Place of Employment of	f Father	/Legal Guar	rdian	Nama		A 11				Dl	Nt1
Place of Employment of Mother/Legal Guardian			Name		Address			Phone Number			
			Name		Addres	SS			Phone	Number	
Chronologically list all other children living with to Name Date of Birth					ne family: School Currently Attending						
Other adults living in th	e home	:									
Relationship to student											