

Office use only: Tribe \_\_\_\_\_ School year \_\_\_\_\_

## Faithful Academy Student Application

Student name: \_\_\_\_\_ Birthday: \_\_\_\_\_

Current Grade Level: \_\_\_\_ Last School Attended: \_\_\_\_\_

Date of Application: \_\_\_\_\_

*[Circle an option below]*

My student is a NEW STUDENT/ RETURNING STUDENT

Applicant/Guardian name: \_\_\_\_\_

Applicant/Guardian relationship to student: \_\_\_\_\_

*Please fill out the following information for the 2 predominant parents/guardians over the student:*

Father's Name: \_\_\_\_\_ Workplace: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Address of residence: \_\_\_\_\_

\_\_\_\_\_

Time lived at residence: \_\_\_\_\_ years/months

Mother's Name: \_\_\_\_\_ Workplace: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Address of residence: \_\_\_\_\_

\_\_\_\_\_

Time lived at residence: \_\_\_\_\_ years/months

Faithful Academy Student Application  
Academic Year: \_\_\_\_\_

*Help us stay up-to-date with your child's information:*

What medications, if any, does your child take on a daily basis? \_\_\_\_\_

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What medication, if any, will your child be required to take during school hours? *Please list medications and time student must take it/them:* \_\_\_\_\_

Is there any food/type of food your child must not consume? Please list: \_\_\_\_\_

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Please list any known allergies your child has: \_\_\_\_\_

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Siblings/Ages: \_\_\_\_\_

Church Attended: \_\_\_\_\_

Is your child active in a child/youth group? \_\_\_\_\_

Are there any special extracurricular activities/hobbies/interests/talents of your child that can help us lift them up and/or encourage them? Please list: \_\_\_\_\_

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Does your child have any fears/anxieties we should be aware of? \_\_\_\_\_

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What are your child's strengths? \_\_\_\_\_

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What are your child's weaknesses? \_\_\_\_\_

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Are there any subjects of concern, in general, we should be **aware** of? \_\_\_\_\_

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What types of grades does your child usually maintain if they are a new student? \_\_\_\_\_

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Academic Year: \_\_\_\_\_

Has your child ever been officially diagnosed by a learning specialist with any learning/cognitive/behavioral disorders? If so, please list what your child was diagnosed with along with the doctor's name. Please include a copy of the official diagnosis at time of enrollment:

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Does your child have any suspected learning disabilities that we need to modify for? \_\_\_\_\_

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Does your child have any behavior modifications that we need to be aware of? \_\_\_\_\_

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Do you feel that your child has advanced learning needs, has been Gifted/Talented "GT" recognized, or is generally ahead of their learning curve? Please explain: \_\_\_\_\_

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[For new students] Does your child currently LIKE school? If not, please explain:

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What is your child's most favorite class in school and why? \_\_\_\_\_

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Who is your child's favorite past teacher and why? \_\_\_\_\_

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As a parent, what concerns are bringing you to enroll or re-enroll with Faithful Schooling?

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What do you hope to accomplish most this year with your child as a student at Faithful Schooling?

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Is there any additional information about your child that you would like us to know, to help us understand him/her and to help us get to know them better? \_\_\_\_\_

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**VERIFICATION OF INFORMATION**

I, \_\_\_\_\_, hereby agree that all the information listed above for the student  
\_\_\_\_\_ is accurate and up-to-date to the best of my knowledge.

Applicant/Guardian Signature: \_\_\_\_\_

Applicant/Guardian Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

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