



Fayette Christian School
1315 Dayton Avenue
Washington Court House, Ohio 43160
(740) 335-7262
fcscrusaderswch@gmail.com
www.fayettechristian.org

For Office Use Only
Name _____
Grade _____
Year _____

Student Enrollment Form

Parent/Guardian Information

Name(s) _____
Father's Last First Mother's Last First
Guardian's Last First Guardian's relationship to child(ren)

Primary Address _____
Circle all that apply: Father/Mother/Guardian

Parents are: _____ Married _____ Widowed _____ Separated _____ Divorced

Child(ren) live with: _____ Father _____ Mother _____ Both _____ Guardian

Secondary Address _____
Circle all that apply: Father/Mother/Guardian

Father's Employer _____ Employer Phone _____

Father's Cell # _____ Father's Email _____

Mother's Employer _____ Employer Phone _____

Mother's Cell # _____ Mother's Email _____

Guardian's Employer _____ Employer Phone _____

Guardian's Cell # _____ Guardian's Email _____

Student Information

1. Full Name: _____ Grade Entering _____ Date of Birth _____

Any special medication, allergies to food/medicine or physical impairment:

Has _____ (student) repeated a grade? _____, been expelled? _____
Academic grades for _____ (student) been _____ above average, _____ average, _____ below average
Has the student been involved in any way with illegal drugs, alcohol, or tobacco? _____

If so, explain usage and history:

Does the student wear glasses? If so, are the nearsighted or farsighted? _____
Date of last vision exam? _____ Date of last hearing screening? _____

2. Full Name: _____ Grade Entering _____ Date of Birth _____

Any special medication, allergies to food/medicine or physical impairment:

Has _____ (student) repeated a grade? _____, been expelled? _____
Academic grades for _____ (student) been _____ above average, _____ average, _____ below average
Has the student been involved in any way with illegal drugs, alcohol, or tobacco? _____

If so, explain usage and history:

Does the student wear glasses? If so, are the nearsighted or farsighted? _____
Date of last vision exam? _____ Date of last hearing screening? _____

Student Information

3. Full Name: _____ Grade Entering _____ Date of Birth _____

Any special medication, allergies to food/medicine or physical impairment:

Has _____ (student) repeated a grade? _____, been expelled? _____
Academic grades for _____ (student) been _____ above average, _____ average, _____ below average
Has the student been involved in any way with illegal drugs, alcohol, or tobacco? _____
If so, explain usage and history:

Does the student wear glasses? If so, are the nearsighted or farsighted? _____
Date of last vision exam? _____ Date of last hearing screening? _____

4. Full Name: _____ Grade Entering _____ Date of Birth _____

Any special medication, allergies to food/medicine or physical impairment:

Has _____ (student) repeated a grade? _____, been expelled? _____
Academic grades for _____ (student) been _____ above average, _____ average, _____ below average
Has the student been involved in any way with illegal drugs, alcohol, or tobacco? _____
If so, explain usage and history:

Does the student wear glasses? If so, are the nearsighted or farsighted? _____
Date of last vision exam? _____ Date of last hearing screening? _____

Church Information

Church affiliation _____ Pastor's name _____

Does the student attend: _____ Sunday School _____ Worship services _____ Youth group activities

Does the student profess to know Jesus Christ as his/her personal Savior? _____

If yes, give a brief explanation of your salvation experience on a separate sheet of paper and attach it to this application. (for students in 7th – 12th)

Emergency Information

Emergency contact first and last name and phone # _____
Relationship _____ **(other than parent – a local person to care for child if we are unable to reach a parent or guardian)**

If I am unavailable, I hereby give permission for emergency care and treatment which could include hospitalization, anesthesia, and surgery for my child if deemed necessary.

Parent/Guardian's Signature

Date

Transportation

My child will be picked up by parent or another arranged driver.

Required Information: The following people may pick up my child(ren) from school. Please list name(s) and relationship of that person to your child.

Name _____ Relationship to student _____

Vehicle make, model, and color _____

Name _____ Relationship to student _____

Vehicle make, model, and color _____

Name _____ Relationship to student _____

Vehicle make, model, and color _____

Name _____ Relationship to student _____

Vehicle make, model, and color _____

Student Handbook

My child and I have read and agree to abide by the guidelines as stated in the Student Handbook. The Student Handbook can be found on the school's website www.fayettechristian.org.

Parent/Guardian's Signature (Required) _____

Secondary Student's Signature (Required) _____

Student Advertisement Permission

I agree to allow Fayette Christian School the use of my child's picture and/or name to appear in the annual yearbook, the local newspaper, on the Fayette Christian School website, and on the Fayette Christian School Facebook page.

Parent/Guardian's Signature (Required) _____

Field Trip and General Transportation Permission

I give permission for my child to attend school conducted field trips and other school sponsored activities during the school year. My child has permission to ride the bus/van to and from the field trips and other school sponsored activities such as sports games. I understand that my child will be under the care and direction of Fayette Christian School, but I will be notified in the case of emergency.

Mother's Signature (Required) _____

Father's Signature (Required) _____

Guardian's Signature (Required if parent's signatures are not given) _____

Parent/Guardian Signatures

We pledge our cooperation with Fayette Christian School in encouraging our child to follow its Christian teachings. We uphold the authority of the teachers, recognizing their obligation to use the necessary discipline measures to insure the structure and attitudes in their classrooms.

We promise to pay our account promptly, to demonstrate our faithfulness to God's work.

Parent/Guardian's Signature (Required) _____

Parent/Guardian's Signature (Required) _____