Fayette Christian School
Elementary
Application Form

Grade student wishes to enter: P T/TH or M/W/F AM/PM

K half day / full day 1 2 3 4 5 6 (circle one)

Student's name _____

(last) (first) (middle)

Address _____

Phone _____ age _____ date of birth _____

Present grade _____ School now attending _____

Father's name _____ occupation _____
Business address _____ phone _____

Mother's name _____ occupation _____
Business address _____ phone _____

Church affiliation _____ address _____

Has the student repeated a grade? _____ been expelled? _____

(if yes to these questions, give more information on the back of this page)

Academic grades have been: ___ above average, ___ average, ___ below average

Names of brothers and/or sisters _____

PLEASE NOTE: All grade offerings are dependent on sufficient students registered to have a favorable teacher-student ratio. Final acceptance of students will be determined after interviewing, testing, and processing.

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.

Signed _____ _____
(father) (mother)

Date _____

Application fee must accompany this form. It is not refundable. Thank you.