

FOR OFFICE USE ONLY

(Please Print of Type)

## Firm Foundation Early Learning Academy Application

1. Applicant's (Legal) Name- \_\_\_\_\_  
LAST FIRST MIDDLE

2. Street Address: \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

3. Home Phone: \_\_\_\_\_ Applicant's Social Security No. \_\_\_\_\_

### ADMISSION REQUEST

4. Grade promoted to for \_\_\_\_\_ academic school year - \_\_\_\_\_  
(Last School Year)

5. School currently attending - \_\_\_\_\_

### 6. STUDENT BIOGRAPHICAL INFORMATION

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Place of Birth \_\_\_\_\_  
City State Country

Ethnicity \_\_\_\_\_ African American  
\_\_\_\_\_ American Indian  
\_\_\_\_\_ Asian or Pacific Islander  
\_\_\_\_\_ Hispanic (including Puerto Rico)  
\_\_\_\_\_ Caucasian  
\_\_\_\_\_ Other \_\_\_\_\_

Gender MALE FEMALE

Have you ever attended Firm Foundation Academy?  Yes  No If so, when \_\_\_\_\_

Have you ever attended Camp Firm Foundation?  Yes  No



**PREVIOUS SCHOOL ATTENDED**

Please list all school your child has previously attended.

NAME	CITY	STATE	GRADE	YEAR	PUBLIC (?)	Private (?)
1.						
2.						
3.						

**CONDUCT**

1. Has the applicant had any previous discipline problems in school?     \_\_\_Yes     \_\_\_No

If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Has the applicant ever been:

Suspended?                    \_\_\_ Yes                    \_\_\_ No  
Expelled?                      \_\_\_ Yes                    \_\_\_ No

If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Was the applicant allowed to re-enroll in the previous school?     \_\_\_Yes     \_\_\_No

If no, please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## MEDICAL INFORMATION

Is your child on any medication? If so, please list them below.

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Does your child have any food allergies? If so, please list them below.

- |          |          |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Please give the name, address and phone number of your child's pediatrician/ doctor.

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

PLEASE SUBMIT A COPY OF THE FRONT AND BACK OF YOUR INSURANCE CARDS FOR THE OFFICE FILE

To the best of my knowledge, the information contained in this application is true and accurate. The registrar and/or director may verify any part of this application material. The applicant desires to be a student at Firm Foundation Early Learning Academy.

- **I have read and agree with the content and principles covered in the Parent Handbook.**
- **I realize that I am accountable for the information herein.**
- **I realize that as I sign this agreement, I join with fellow parents and the leadership of Firm Foundation Early Learning Academy and Abundant Life Church in providing a Christian school education for my children.**
- **It is my promise to exert every effort in abiding by the principles and guidelines in this handbook.**
- **I understand that any parent, who is found out of harmony with the spirit of Firm Foundation Early Learning Academy, as expressed in the handbook, may be asked to withdraw their student.**

Signature \_\_\_\_\_

Date \_\_\_\_\_