



# Student Enrollment Application

Faith Educational Ministries, Inc.



Buford  Conyers  Loganville  Stockbridge

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

## STUDENT INFORMATION

Name: \_\_\_\_\_  
*First Middle Last*

Address: \_\_\_\_\_  
*Street Apt# City State Zip*

Sex:  Male  Female

Date of Birth: \_\_\_\_\_

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

Student Cell: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

County of Residence: \_\_\_\_\_ Grade: \_\_\_\_\_ School Transferring From or Full Time School: \_\_\_\_\_

Does the student have any physical, visual, or auditory difficulties?  Yes  No

If yes, please explain: \_\_\_\_\_

List any medications the student takes: \_\_\_\_\_

List any allergies: \_\_\_\_\_

Name of Student's Physician: \_\_\_\_\_

<b>Ethnicity (Check one):</b>		
<input type="checkbox"/> American Indian	<input type="checkbox"/> Filipino	<input type="checkbox"/> Pacific Islander
<input type="checkbox"/> Asian	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Multiracial
<input type="checkbox"/> Black, not Hispanic	<input type="checkbox"/> White, not Hispanic	

## PARENT/GUARDIAN INFORMATION

Father/Legal Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_  
*First Last Home Cell*

Address: \_\_\_\_\_  
*Street Apt# City State Zip*

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_ Phone: \_\_\_\_\_

Mother/Legal Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_  
*First Last Home Cell*

Address: \_\_\_\_\_  
*Street Apt# City State Zip*

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_ Phone: \_\_\_\_\_

## Email Addresses

Student Email Address: \_\_\_\_\_

Parent Email Address: \_\_\_\_\_

Parent Email Address: \_\_\_\_\_

## Signature

*My signature below indicates that I am either an adult student over the age of 18 or the parent/guardian of a minor student and the information I have provided on this application is true and accurate. I understand that Faith Academy is a non-traditional high school accredited by Cognia (SACS) and Georgia Accrediting Commission and the NCAA Eligibility Center does not recognize Faith Academy non-traditional courses in determining scholarship eligibility.*

Signature of Parent or Guardian of Minor Student/ Student Signature (over 18 years of age) \_\_\_\_\_