

FAITH CHRISTIAN SCHOOL
524 East Beau Street
Washington, PA 15301
724-222-5440 FAX 724-222-5442
www.fcswashington.com info@fcswashington.com

ENROLLMENT APPLICATION SCHOOL YEAR 20____-20____

Name of Student_____

Enrollment Date_____ Birthdate_____ Age_____ Gender_____

Address_____

City/State_____ Zip Code_____

Phone #_____ Place of Birth_____

Cell Phone #_____ Entering Grade_____

Email Address_____

Father's Name_____ Occupation_____

Employer_____ Work Phone_____

Mother's Name_____ Occupation_____

Employer_____ Work Phone_____

Emergency Phone Numbers_____

Church you attend_____

School attended last year_____ Home School District_____

Address of School Attended Last Year_____

Does your child have any physical impairment or emotional problems of which we should be made aware? _____ No _____ Yes (if yes, please explain)_____

Has your student ever failed a grade? _____ No _____ Yes (if yes, please explain)_____

Please state your reasons for desiring to enroll your child in Faith Christian School_____

\$75 Registration Fee is due with this application and is nonrefundable. **New students will be screened before admittance. A notification of acceptance will be mailed within a week of the screening.** Tuition is to be paid in ten monthly payments with the first payment due in August and each month thereafter through May.

Parent's Pledge:

If this application is accepted and approved by Faith Christian School, we pledge to uphold the authority of the teachers and administrator or principal of the school. We further pledge to pay our tuition payments in a timely manner each month.

Signature of Mother/Guardian

Signature of Father/Guardian