



Freedom Christian Academy

3130 Gillespie Street ~ Fayetteville, NC 28306 ~ (910) 485-7777 Office ~ (910) 485-7757 Fax
www.fcatriots.org

Student Application

Student Information

Applying for grade _____ for the _____ - _____ - school year. Date _____

Student's full legal name _____

Address _____ Last _____ First _____ Middle _____ Preferred Name _____

Address _____ Number & Street _____ City & State _____ Zip Code _____

Phone _____ Date of Birth _____ Male _____ Female _____ Age _____

SSN: _____ Ethnicity: African American Caucasian Native American
 Asian Hispanic

Family Information:

Father/Guardian's full name _____

Occupation _____ Employer _____

Address _____ Email _____

Home # _____ Work # _____ Cell # _____

Mother/Guardian's full name _____

Occupation _____ Employer _____

Address _____ Email _____

Home # _____ Work # _____ Cell # _____

Parent's are: Married Divorced Separated Widowed Single

Student lives with? Mother Father Both Other

Who has legal custody? Mother Father Joint Other

Does Other Parent have visitation rights? Yes No N/A

Please provide a legal custodial document if applicable.

Brothers and Sisters in Family	Age	Grade	School Attending
--------------------------------	-----	-------	------------------

Name _____

Name _____

Name _____

In Case of Emergency Contact (Other Than Parents)

1. Name _____ 2. Name _____
Phone # _____ Phone# _____
Relationship to Student _____ Relationship to Student _____

Does your child have any allergies to food, medication, latex etc.? If so please list: _____

Church Affiliation

Name of Church Your Family Attends _____

Denomination _____

Educational Information

Student's Current School _____ Phone # _____ Grade _____

Address _____ State _____ Zip _____

Has your child ever applied to FCA or attended FCA? Yes _____ No _____
Has your child ever been retained? Yes _____ No _____
Has your child ever been on academic probation? Yes _____ No _____
Has your child ever been suspended? Yes _____ No _____
Has your child ever been asked to withdraw? Yes _____ No _____
Has your child ever been tested, diagnosed, or evaluated for giftedness,
a learning disability, reading difficulty, attention deficit disorder, etc.? Yes _____ No _____

* If you answered yes to any of these question, please provide complete details on back of this application. Attach a separate page if necessary.

Freedom Christian Academy admits students of any race, color, national and ethnic origin, or denomination to all rights, privileges, programs, and activities generally made available to students of the school. Neither does FCA discriminate in the administration of its educational programs and admission policies.

By signing this form, I certify that I have read and understand all the information on this application and the information I have provided is correct.

Father/Guardian Signature

Date

Mother/Guardian Signature

Date

Would you indicate to us where you heard about Freedom Christian Academy? _____
