

*Faith United School of Excellence Inc.
Student Application Packet*



*“Teaching Life,
Saving Lives and
Giving HOPE”*

Faith United School of Excellence Inc.

Admission Pre-Application

Parent/Guardian's Information

1. Parent/Guardian

Name: _____ 2. SSN: _____
First Name Middle Initial Last Name (Social Security number)

5. Address: _____ 6. City: _____ 7. State: _____ 8. Zip Code: _____

9. Home Phone: () _____ 10. Alternate Phone: () _____

11. Email: _____

Household Information

1. Number of family members living in my/our Household during the _____ year? 2. Parent/Guardian current marital status

- Single Divorced Other
 Married Divorced/Remarried
 Widowed Separated (month/year)

Student Information**** Please use an additional sheet if you are listing more than two students****

STUDENT A.

1. Full Name: _____ 2. Social Security Number: _____

2. Date of Birth: _____ 4. Relationship to Guardian: Child Stepchild Other

5. Current School: _____ 6. Is this a Florida Public School? Yes No

7. Grade: _____ 8. County: _____ 9. Was this child in public school for the _____ - _____?
school year? Yes No

10. Gender: Boy Girl 11. Is this child currently receiving free or reduced price lunches at school?
 Yes No

Certification Signature:

I certify that all information on this form, as well as all supporting documentation, is true, Correct and complete to the best of my knowledge.

Print Name of Guardian

Signature of Guardian

Date

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Student Registration Form

_____ - _____ School Year

Enrollment Date: _____

Student Information

Last Name: _____ First Name: _____ Middle Initial: _____

Name which the child prefers to be called _____

Address: _____

Street City State Zip Code

Last Grade Attended: _____ Birth Date: _____ Age: _____ Sex: _____

Place of Birth: _____ Citizenship: _____ Race: _____

Previous School Attended: _____

Address of School: _____

Family Information

Mother's Name: _____ Father's Name _____

Physical Address: _____

Street City State Zip Code

Mailing Address (If different) _____

Street City State Zip Code

Student lives with _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Father's Employer _____

Employer's Address _____

Occupation _____

Mother's Employer _____

Employer's Address _____

Occupation _____

Mother's Employer _____

Employer's Address _____

Occupation _____

Emergency Medical Information

Student's physician (Clinic) _____ Phone () _____

Please list any known allergies to food or medication, if any:

Emergency contact Info: Name: _____ Relationship _____

Phone Numbers: _____

For Official Use Only: Processing Fee: \$ _____

Additional Information Comments:

Staff Name: _____ Staff Signature/Date: _____

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Student Confirmation Form

****Please complete this form concerning information on student's behavior at previous school****

1. Student Name: _____
First Name Middle Initial Last Name

2. Parent/Guardian Names(s): _____

3. Name of School: _____

4. Name of Previous Attended: _____

5. Reason for leaving school (check all that apply)

___ Moved out of area ___ Graduated from highest grade offered

___ Academic difficulties ___ Disciplinary Problems

___ Could not continue tuition payments ___ Destructive behavior

___ Disobedient behavior ___ Other: _____

6. Is this student leaving as a result of suspension? Yes No

If yes, please give explanation: _____

7. Has this student been expelled? Yes No

If yes, please give explanation: _____

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Health and Medical History Record

If your child has had a medical evaluation (physical examination) within the last 26 months, a copy of the results of this examination must be attached. If a copy is not available, a physical examination must be scheduled by a licensed healthcare practitioner within 30 days. This medical evaluation (physical examination) also is required if your child is currently under medical care, takes a prescribed medication, requires a medically prescribed diet, has had an injury or illness during the past 6 months that limited activity for a week or more, has ever lost consciousness during physical activity, or has suffered a concussion from a head injury.

Student's Name _____ Date of Birth _____ Age _____ Sex _____

Name of parent or guardian _____ Phone# _____

Home Address: _____ City: _____ State: _____ Zip Code _____

Business Address: _____ City: _____ State: _____ Zip Code _____

If a parent or guardian is not available in the event of an emergency, notify:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name of personal physician _____ Phone _____

Please check all items that apply below, past or present, to your child's health history and give explanations for any health condition that has a check mark by "yes". Attach additional sheets if necessary.

Allergies: Foods, medicines, insects, plants? Yes No

Explain: _____

General Information:

ADHD (Attention-Deficit

Hyperactivity Disorder) Yes No

Asthma Yes No

Cancer/Leukemia Yes No

Convulsion/Seizures Yes No

Hemophilia Yes No

High Blood Pressure Yes No

Kidney Disease Yes No

Diabetes Yes No

I may have:

Parent/Guardian Signature: _____ Date: _____