

FCA COMMUNITY STUDENT APPLICATION

Date of Application _____

Student's Full Name _____ Goes By _____ Grade ___ M/F ___

Date of Birth _____ SS # _____ Ethnicity:
___ Nat Am ___ Afri-Amer ___ Hisp ___ Cauc ___ Asian/Pac Isl

Parent(s)/Guardian: Mother _____ Father _____

Address: _____ City/State/Zip _____

Contact No(s) for Mother: Cell No _____ Work _____ Home _____

Contact No(s) for Father: Cell No _____ Work _____ Home _____

Email Address: _____

School Last Attended: _____ Address _____ City/State Zip _____

If applicable - please list 2 other designated people responsible for student pick-up:

Name _____ Name _____

Student Health Concerns: (Please answer all questions)

1. Is there anything significant FCA should know that might impact student's physical or emotional well being while at school? ___ Yes ___ No (If yes, please explain)

2. Please list any allergies student has (food, insects, medications, pollens, ect.)

Does student have Epi-pen? Yes ___ No ___ Does student have inhaler? Yes ___ No ___

3. Please list any social, learning or behavioral issues student has experienced during school years.

4. Does student have an IEP? ___ Yes ___ No (If yes, please be sure a copy of the IEP is attached to this application)

In case of Emergency FCA will notify:

Name _____ Contact No _____

Name _____ Contact No _____

Please provide shot records and school records applicable to this student placement.