**2023-2024 FCA COMMUNITY STUDENT APPLICATION**

**Date of Application\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student’s Full Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Goes By \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade\_\_\_\_ M/F\_\_\_\_**

**Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_SS #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ethnicity:**

**Referred By \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_Nat Am \_\_ Afri-Amer \_\_Hisp \_\_Cauc \_\_ Asian/Pac Isl**

**Parent(s)/Guardian: Mother\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Father\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City/State/Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact No(s) for Mother: Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact No(s) for Father: Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

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**Does student have Epi-pen? Yes\_\_\_ No\_\_\_ Does student have inhaler? Yes\_\_\_ No\_\_\_**

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

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1. **Does student have an IEP or a 504? \_\_\_\_\_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 birth certificate, shot records, and school records applicable to this students placement.**