

**Faith Outreach Education Center Registration Form**

Date: \_\_\_\_\_  New Enrollment  Re-Enrollment  Change of Information  
 School Year **2010/2011** Male / Female Grade to Enter: \_\_\_\_\_

Student's Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phones: Mom: \_\_\_\_\_ Dad: \_\_\_\_\_

Student's SSN: \_\_\_\_\_ Student's Nickname: \_\_\_\_\_

Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

**Health Problems and/or Food Allergies:**

**Circle Grades attended at FOEC:**

K2 K3 K4 K5 1 2 3 4 5 6 7 8 9 10 11 12

If new enrollment, name & address of previous school \_\_\_\_\_  
 \_\_\_\_\_

What Church do you attend: \_\_\_\_\_

Primary Parent/Guardian Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ SSN: \_\_\_\_\_  
 \_\_\_\_\_ Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary Parent/Guardian Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ SSN: \_\_\_\_\_  
 \_\_\_\_\_ Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

If parents are separated or divorced, who has primary custody during the school week? \_\_\_\_\_

Has your child ever had discipline problem at school? Yes No Why? \_\_\_\_\_

Has your child ever been suspended or expelled from a school? Yes No Why? \_\_\_\_\_

Students grade have been: (circle one) Superior Above Avg. Average Below Average

Has student failed a grade? No Yes, If yes what grade? \_\_\_\_\_

Circle how you heard about FOEC? Yellow Pages Sign Radio Referred by: \_\_\_\_\_

List all individuals, other than the parents, who are authorized to pick up this child:

Name:	Phone Number	Relationship to Child
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Calling Priority**

Please provide a calling order when it is necessary to contact a parent during the school day.

Name: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Phone: \_\_\_\_\_

**Emergency Information**

Responsible adult to contact if parents can't be reached

Name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Phone: \_\_\_\_\_

**Child's Physician**

Name: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Primary Insurance: \_\_\_\_\_

