

Faith Outreach Education Center Teacher Information 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: _____

Ages as of 8/31/09: _____ Student's Nickname: _____

Birth Date: _____

Circle Grades attended at FOEC:
 K2 K3 K4 K5 1 2 3 4 5 6 7 8 9 10 11 12

Health Problems and/or Food Allergies:

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: _____

If new enrollment, name & address of previous school _____

What Church do you attend: _____

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

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 _____ Employer: _____ Phone: _____

Name and grade of other children attending our school.

Name: _____
 Name: _____
 Name: _____
 Name: _____

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 Is yes, explain below
 Has your child ever been suspended or expelled from a school? Yes No Is yes, explain below
 Students grade have been: (circle one) Superior Above Avg. Average Below Average
 Has student failed a grade? No Yes, If yes what grade? _____

How can you help? (Check all that apply) _____ Help with class parties _____ Chaperone field trips
 _____ Volunteer in classroom _____ days a week

Is your student right or left handed? _____
 Additional information that would be helpful to the teacher: _____

