



Faith Adventist Christian School
Pre-Registration Form
2021-2022

Date _____

Grade Entering _____

Student's Last Name _____ First Name _____

Home Address _____ City _____ Zip _____

Home Phone _____ Sex: F _____ M _____ DOB _____

Place of Birth City _____, State _____

Last School Attended _____ Phone _____ Teacher _____

Educational Difficulties/Strengths:

References:

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Please return this form along with the \$100 non-refundable pre-registration Fee. This will be deducted from the first month's tuition.

By signing below you give us permission to contact your child's school and teacher.

Parents Signature _____ Date _____