



Registration Payment Enclosed YES ___ Amount _____ Ck # _____ Cash _____

Date: _____ School Year: _____ Grade Level: _____

Student Full Name: _____
Last First Middle Preferred Name

Home phone: _____ Student cell phone: _____

Address: _____

_____ County _____
City State Zip Code

Date of Birth: _____ Gender: _____ Race: _____ Blood Type: _____

Allergies: _____ Medication: _____

Any type of disability: _____

Insurance and Medical Contacts (REQUIRED)

Insurance Company: _____ Phone: _____

Policy Holder: _____ ID number _____

Name of Student's Doctor: _____ Office Phone: _____

Name of Student's Dentist: _____ Office Phone: _____

Hospital: _____ Phone: _____

Emergency Contacts (other than parents – one name per line)

Contact Name: _____ Relation: _____

Home Phone: _____ Business Phone: _____ Mobile Phone: _____

Contact Name: _____ Relation: _____

Home Phone: _____ Business Phone: _____ Mobile Phone: _____

Father's Information: Pastor: _____ Alumni: _____ Supporting Church Member: _____

Father's Name: _____
Last First Middle Preferred Name

Title: _____ Status: _____ E-mail: (required) _____

Address: _____
Street City State Zip

Home Phone: _____ Mobile: _____

Employer: _____ Job Title: _____

Business Phone: _____ Ext. _____

Church Regularly Attending: _____

Emergency Contact: Yes ___ No ___ Allowed to pick up child: Yes ___ No ___

Mother's Information: Alumni: _____ Supporting Church Member: _____

Mother's Name: _____
Last First Middle Preferred Name

Title: _____ Status: _____ E-mail: (required) _____

Address: _____
Street City State Zip

Home Phone: _____ Mobile: _____

Employer: _____ Job Title: _____

Business Phone: _____ Ext. _____

Church Regularly Attending: _____

Emergency Contact: Yes ___ No ___ Allowed to pick up child: Yes ___ No ___

Will your child need extended care? _____ **If yes, complete the Extended Care Enrollment form and attach.**

Were you referred by a current school family? Yes ___ No ___ Who _____

Families paying tuition and fees must enroll with FACTS. Visit fscspatriots.org to enroll with FACTS.

Authorization For Use of Pictures – Fayetteville Street Baptist Church (FSBC) and/or Fayetteville Street Christian School (FSCS) is hereby authorized to take or permit picture to be taken of our family and/or my child/children for the purpose of public relations (newspapers, it's web site, and/or on television) for FSBC and/or FSCS (will list Names Only-if necessary-associated with the picture). Yes ___ No ___

I agree the school may authorize the physician/hospital of his/her choice to provide emergency care in the event student's doctor/dentist contacts cannot be reached. Yes ___ No ___

My child has permission to participate in class approved field trips. Yes ___ No ___

I have read the **Student Handbook** and will abide by all policies, rules, and regulations therein. Yes ___ No ___

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Student Signature: _____ Date: _____