



**Student Information**

Last Name: _____		<u>Medical Emergency Information</u>	
First Name: _____	MI: _____	Food Allergies: _____	
Preferred Name: _____		Environmental Allergies: _____	
Grade Entering: _____		Medical Conditions: _____	
Date of Birth: _____	Age (as of 9/1/): _____	Special Needs/Instructions: _____	
SSN: _____	Gender: Male    Female	***Other than parents***	
<u>Ethnicity (optional) ~ please circle</u>		Emergency Contact: _____	
Native American	Caucasian	Phone #: _____	
African American	Asian	Relation: _____	
Other	Hispanic/Latino		
Church Affiliation: _____		Emergency Contact: _____	
Pastor's Name: _____		Phone #: _____	
Has student trusted Christ as Saviour? Y N		Relation: _____	

**Father's Information**

Last Name: _____	First Name: _____	MI: _____
Address: _____	City: _____	State: _____ Zip: _____
Employer: _____	Work #: _____	Email: _____
Cell #: _____	Text: Y N	Emergency Contact: Y N    Authorized to pick up: Y N
Church Affiliation: _____	(if different from above)	Lives with Student: Y N
Marital Status: Married    Remarried*    Divorced/Separated*    Single*    Widow    *Please complete Secondary Family Information if applicable.		

**Mother's Information**

Last Name: _____	First Name: _____	MI: _____
Address: _____	City: _____	State: _____ Zip: _____
Employer: _____	Work #: _____	Email: _____
Cell #: _____	Text: Y N	Emergency Contact: Y N    Authorized to pick up: Y N
Church Affiliation: _____	(if different from above)	Lives with Student: Y N
Marital Status: Married    Remarried*    Divorced/Separated*    Single*    Widow    *Please complete Secondary Family Information if applicable.		

## Additional Information

How did you hear about FBA: Friend \_\_\_\_\_ Drive by \_\_\_\_\_ Church \_\_\_\_\_ Internet \_\_\_\_\_ Ad \_\_\_\_\_ Other \_\_\_\_\_

Why do you desire to enroll your student: \_\_\_\_\_

Does student struggle academically and/or have any disciplinary problems (if yes explain): \_\_\_\_\_

Has student ever been suspended/dismissed from school/daycare: \_\_\_\_\_

Has student ever failed a grade: Y N If yes, state the reason and year: \_\_\_\_\_

Name and address of school student is attending or the last school in which student was enrolled: \_\_\_\_\_

Reason for leaving the above mentioned school: \_\_\_\_\_

If student is transferring from another Christian or private school, do you have an outstanding financial balance: Y N

## Secondary Family Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

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

Employer: \_\_\_\_\_ Work #: \_\_\_\_\_ Email: \_\_\_\_\_

Cell #: \_\_\_\_\_ Text: Y N Emergency Contact: Y N Authorized to pick up: Y N

Church Affiliation: \_\_\_\_\_ (if different from above) Lives with Student: Y N

Marital Status: Married Remarried\* Divorced/Separated\* Single\* Widow

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

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

Employer: \_\_\_\_\_ Work #: \_\_\_\_\_ Email: \_\_\_\_\_

Cell #: \_\_\_\_\_ Text: Y N Emergency Contact: Y N Authorized to pick up: Y N

Church Affiliation: \_\_\_\_\_ (if different from above) Lives with Student: Y N

Marital Status: Married Remarried\* Divorced/Separated\* Single\* Widow

## Additional Documentation Required

1. Copy of Birth Certificate
2. Student Health Exam (DH 3040 - original)
3. Florida Certificate of Immunization (DH 680 - original)

If you have any questions regarding the application or tuition and fees, please contact the school office at 813-907-9462.

Application Completed By: \_\_\_\_\_ Application Date: \_\_\_\_\_