



Fairview Christian Academy

A Ministry of Fairview Baptist Church
259 County Road 439
Athens, TN 37303
Phone: (423) 252-0082
Email: office@fairviewchristianacademy.org



Student Application for Admission

Child's Full Name _____ Name Child Goes By _____

Gender _____ Race _____ Date of Birth (MM/DD/YY) _____

Address _____ City _____ State _____ Zip Code _____

Circle the grade your child will be entering: K2 K3 K4 K5 1 2 3 4 5 6 7 8 9 10 11 12

*If your child is entering K2-K5 please check if they will be coming Part Time _____ Full Time _____

Father's Name _____

Phone _____

Email _____

Employer _____

Marital Status: Married _____ Divorced _____

Remarried _____ Separated _____

Mother's Name _____

Phone _____

Email _____

Employer _____

Marital Status: Married _____ Divorced _____

Remarried _____ Separated _____

Name of the church where you attend _____ Are you members? _____

What was the last school the student attended? _____

City _____ State _____ Zip Code _____

Previous Grades have been: Above Average _____ Average _____ Below Average _____

Has your student ever been retained? Yes _____ No _____ If "Yes," Which grade? _____

Has your student ever been suspended? Yes _____ No _____ If "Yes," Please Explain. _____

Has Your Student ever been expelled? Yes _____ No _____ If "Yes," Please Explain. _____

Names of Siblings

Age

Grade

School

Fairview Christian Academy admits student of any race, color, national or ethnic origin.