

# Faith Outreach Education Center Registration Form

Date: \_\_\_\_\_  New Enrollment  Re-Enrollment  Change of Information

School Year **2023/2024** Male/Female Race: \_\_\_\_\_ Grade to Enter: \_\_\_\_\_

Student's Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phones: Mom: \_\_\_\_\_ Dad: \_\_\_\_\_

Last 4 of student's SSN: \_\_\_\_\_ Student's Nickname: \_\_\_\_\_

Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

### Health Problems and/or Food Allergies:

\_\_\_\_\_

\_\_\_\_\_

### Circle Grades attended at FOEC:

K2 K3 K4 K5 1 2 3 4 5 6 7 8 9 10 11 12

If new enrollment, name & address of previous school \_\_\_\_\_

Provide e-mail address for statements: \_\_\_\_\_

Primary Parent/Guardian Name: Relationship to child: \_\_\_\_\_ SSN or DL # \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary Parent/Guardian Name: Relationship to child: \_\_\_\_\_ SSN or DL #: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

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 Why? \_\_\_\_\_

Has your child ever been suspended or expelled from a school? Yes No Why? \_\_\_\_\_

Students grade have been: (circle one) Superior Above Avg. Average Below Average

Has student failed a grade? No Yes, If yes what grade? \_\_\_\_\_

Circle how you heard about FOEC? Yellow Pages Sign Radio Referred by: \_\_\_\_\_

List all individuals, other than the parents, who are authorized to pick up this child:

Name:	Phone Number	Relationship to Child
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

### 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: \_\_\_\_\_

### Emergency Information

Responsible adult to contact if parents can't be reached

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

### Child's Physician

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Primary Insurance: \_\_\_\_\_