



Fairhaven Christian Academy

Strengthening the Future Through Christian Education
P.O. Box 4246, Sunland, CA 91041 818-434-7533
www.fairhavenca.com

Application for Enrollment

Date _____

Family Information

Family Name _____
Last Husband Wife

Home Address _____
Street City Zip

Home phone: _____ Primary Teacher's Email address: _____

Mother's Cell phone: _____ Father's Cell phone: _____

Children's Names	Age	Grade	Record Keeping [Y/N]	Record Keeping & Campus Day [Y/N]
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

IF PARENTS DO NOT LIVE AT SAME ADDRESS, PLEASE LIST INFORMATION OF PARENT NOT LIVING WITH CHILD:

Name: _____ Phone # _____

Address: _____

School / Employment Information

Are any of the children currently enrolled in school? YES NO
(Please list name of child, name of school and grade level)

Are either of the parents currently employed? YES NO
(Please list name of parent, name of employer, address and phone)

Parent _____
Employer _____ Phone _____
Employer address _____

Parent _____
Employer _____ Phone _____
Employer address _____

Who will be the person primarily responsible to home educate the enrolled students listed? _____

If this person holds a job outside the home, please fill in the following:

_____ Job description # of hrs worked per week

Personal Information

If married, do you feel you have your spouse's full support in your desire to home school? YES NO

If "NO", please explain: _____

What church do you currently attend? _____

Are you a member? YES NO

Are you involved in any ministries or hold any ministry positions? YES NO

If YES, please explain: _____

Please list some reasons for your decision to home educate your children:

Please list some reasons why you feel equipped for this task / calling:

Please list two references:

Pastor or Church Leader: _____

	NAME	PHONE
Someone not related to you:	_____	
	NAME	PHONE

After having reviewed our financial policy, do you foresee a problem keeping your financial agreement to the school? YES NO

Do you foresee having financial difficulty in obtaining school materials, including curriculum, supplies, paper, etc? YES NO

How did you hear about Fairhaven Christian Academy? _____

Name of person filling out this form: _____

Signature: _____ Date: _____

Please mail registration material to:

FAIRHAVEN CHRISTIAN ACADEMY
POST OFFICE BOX 4246
SUNLAND, CALIFORNIA 91041

For questions please call:
(818) 434-7533

Fairhaven Christian Academy is a religious educational institution. The school admits students of any race, color, national and ethnic origin to all rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school administrated programs.