



### Re-enrollment Form

School Year in the fall of 20\_\_-20\_\_

Family Name: Last \_\_\_\_\_ Husband \_\_\_\_\_ Wife \_\_\_\_\_

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

Email address \_\_\_\_\_ Home phone \_\_\_\_\_

Father's Cell phone \_\_\_\_\_ Mother's Cell phone \_\_\_\_\_

Type of Enrollment:  **CAMPUS DAY** /  **RECORD KEEPING**

Include in FCA Phone/Address Directory  **YES** /  **NO** HSLDA membership # \_\_\_\_\_

**YES**  **NO** Do you foresee a problem keeping your financial agreement to the school this year?

#### CHILDREN ENROLLING IN FAIRHAVEN

| Child's Legal Name | Grade In Fall | Date of Birth | Campus Day | Sex   | New   |
|--------------------|---------------|---------------|------------|-------|-------|
| _____              | _____         | _____         | _____      | _____ | _____ |
| _____              | _____         | _____         | _____      | _____ | _____ |
| _____              | _____         | _____         | _____      | _____ | _____ |
| _____              | _____         | _____         | _____      | _____ | _____ |
| _____              | _____         | _____         | _____      | _____ | _____ |
| _____              | _____         | _____         | _____      | _____ | _____ |

**\*Important -- If your child is officially enrolling in a California school as a new student to California OR entering 1st grade, you must have your physician complete the Health Examination Form.**

#### OTHER MINOR CHILDREN LIVING IN YOUR HOME

| Name  | Birthday |
|-------|----------|
| _____ | _____    |
| _____ | _____    |

#### CONSENT TO FAIRHAVEN CHRISTIAN ACADEMY POLICY

- Our children will receive instruction in the several branches of study required by the State of California.
- We will submit accurate semester evaluation reports of academic progress and attendance as required.
- We will pay tuition fees on time.
- We are solely responsible for choosing our own curriculum and teaching our children diligently.
- We understand that FCA reserves the right to terminate our enrollment if we do not comply with school policies.

Father's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Mother's Signature \_\_\_\_\_ Date: \_\_\_\_\_