



## 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:  Full Enrollment /  Campus Day Only

HSLDA membership # \_\_\_\_\_ (Required for Full Enrollment)

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 consent to have our listing in the Fairhaven Directory.
- We will pay tuition fees on time.
- We are solely responsible for choosing our own curriculum and teaching our children diligently.
- We understand that Campus Day is a co-op and that volunteering is mandatory.
- 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: \_\_\_\_\_