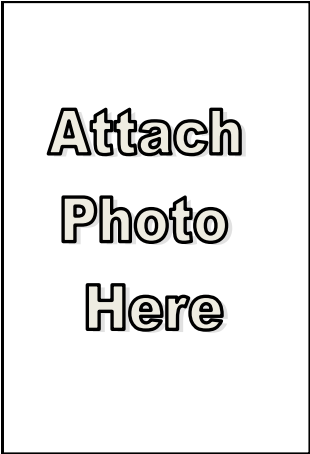




**Student:**

Student's Full Name: \_\_\_\_\_  
 Nickname: \_\_\_\_\_ Male \_\_\_\_\_ Female  
 Social Security Number: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Current Grade: \_\_\_\_\_  
 Address:  
 Street: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_  
 What grade is student applying for? \_\_\_\_\_ School Year: \_\_\_\_\_



**Custodial Parents:**

Are custodial parents married to each other? \_\_\_\_\_yes \_\_\_\_\_no  
 Are custodial parents divorced from each other? \_\_\_\_\_yes \_\_\_\_\_no  
 Are custodial parents separated from each other? \_\_\_\_\_yes \_\_\_\_\_no

Father: _____	Mother: _____
Address: _____	Address: _____
City: _____	City: _____
State: _____ Zip: _____	State: _____ Zip: _____
Home Phone: _____	Home Phone: _____
Cell Phone: _____	Cell Phone: _____
Employer: _____	Employer: _____
Business Phone: _____	Business Phone: _____
Email Address: _____	Email Address: _____
Do you attend church? _____yes _____no	Do you attend church:? _____yes _____no
How often? _____	How often? _____
Church name: _____	Church name: _____
Pastor's name: _____	Pastor's name: _____

Non-custodial parent's name, address, phone number:  
 \_\_\_\_\_  
 \_\_\_\_\_

If child is not living with his/her natural mother and/or father, please explain the home situation:

\_\_\_\_\_

List name, age, and school of all siblings: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Emergency Contacts:**

1. Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_  
Phone: \_\_\_\_\_ Address: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_  
Phone: \_\_\_\_\_ Address: \_\_\_\_\_

List names, addresses, and phone numbers of grandparents:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Medical Information:**

List any known allergies or medical conditions that your child has: \_\_\_\_\_  
\_\_\_\_\_

**School History:**

In what school district does the student currently reside? \_\_\_\_\_

**Has the student ever:**

Skipped a grade? \_\_\_\_\_yes \_\_\_\_\_No If yes, which grade: \_\_\_\_\_

Failed or repeated a grade? \_\_\_\_\_yes \_\_\_\_\_No

Been suspended \_\_\_\_\_, expelled \_\_\_\_\_, asked to withdraw \_\_\_\_\_, from any school?

If yes, please explain: \_\_\_\_\_

Been tested for or received special help for a reading or learning difference? \_\_\_\_\_yes \_\_\_\_\_no

Been diagnosed for or enrolled in any special education program of special school? \_\_\_\_\_yes \_\_\_\_\_no

If yes, please explain: \_\_\_\_\_

**Schools previously attended:** (Begin with present school and work backward.)

Name of School	Full Address	Grades Completed
<b>General Information:</b>		

Describe any and all special circumstances or conditions which could affect the student's performance in school or cause excessive absences: (For example: chronic health conditions, disabilities, emotional difficulties, frequent changes in home or school, etc...): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**General Information (continued):**

Why does the student desire to attend Full Armor?

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Why do you wish to enroll your child in Full Armor?

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Through what grade do you plan for your child to attend Full Armor? \_\_\_\_\_

Please initial the following:

\_\_\_\_\_ *I/we have included a pastor's or church representative's letter of recommendation with this application as part of the application process.*

\_\_\_\_\_ *I/we do hereby attest that the information given on this application is true and accurate to the best of my/our knowledge. I understand that giving inaccurate information may be grounds for dismissal of the student from school.*

Father's printed name: \_\_\_\_\_

Father's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mother's printed name: \_\_\_\_\_

Mother's signature: \_\_\_\_\_ Date: \_\_\_\_\_