

Application for Admission

| Student's Name | First | Middle Initial | Last |
|------------------------|------------------|----------------|----------------|
| Age | Birthday | Grade | Male or Female |
| Parents: Father's Name | | | |
| Mother's Name | | | |
| Marital Status (Ple | ease check one): | | |
| Married | Separated | Divorced | Not Married |
| Other Children in | the family: | | |
| Name: | Age | Name: | Age |
| Name: | Age | Name: | Age |
| Home Address: | | | |
| Primary Contact | | | |
| Name: | | Pho | ne: |
| Email: | | | |
| Secondary Contac | et | | |
| Name: | | Pho | ne: |
| Email: | | | |

| Church attending: | |
|---|----|
| Pastor | |
| Church attendance (please check one): regular occasionally seldom never | |
| Professions of faith: Father Mother Stude | nt |
| Please include a brief written testimony of each one's salvation experience with the application: | |
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Academic Information

| School last attended: | | | |
|---|------------------|--------------------|-----------|
| Student's overall grade in: Math | Science | English | History |
| Is this student reading up to his/her g | rade level? | | |
| Has the student ever been | expelled | dismissed _ | suspended |
| If he/she has been dismissed, what w | as the reason? | | |
| | | | |
| | | | |
| Has the student ever been refused add | mission to a sch | ool? | |
| Has the student ever had any discipli | nary problems a | t school? | |
| Has the student ever been in trouble | with the law? | | |
| Has the student ever used tobacco, dr | rugs, or alcohol | in any non-medic | al form? |
| If the answer to any of the questions | above was yes p | please explain the | problem. |
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| | | | |
| How did you hear about our school? | | | |
| | | | |
| Why do you want to enroll your child | d in St. Francis | Christian School? | |
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I have read the school handbook and all other material provided by the school. I understand the policies of the school and will fully support them if my child is accepted to St. Francis Christian School.

| Printed Name: | | |
|---------------|-------|--|
| Signature: | Date: | |
| | | |
| Printed Name: | | |
| | | |
| Signature: | Date: | |

Submission Methods

Please submit to the school office along with your \$50 registration fee per child

• Email: bboldt@sfcspatriots.org

• Mail: 22940 St. Francis Blvd. NW, St. Francis, MN 55070

• Fax: (763) 753 - 6099

• Delivered in person

Were you referred by someone currently attending SFCS?

If Yes, who?

Enrollment Process

- ✓ Submit application and registration fee
- ✓ Schedule interview with SFCS Administrator
- ✓ Academic assessment by SFCS Staff
- ✓ Submit miscellaneous documents
 - o Immunization record or notarized waiver
 - o Academic records (7-12th grade)
 - o Discipline records