

# City of Faith Christian School

*"Advancing the Kingdom of God by Developing the Next Generation of Leaders"*

3445 - 3453 White Plains Road • Bronx • New York 10467 • Tel: (718) 798-3052 • Fax: (718) 654-4452

## ENROLLMENT APPLICATION

### Student's Information

Name of Student: \_\_\_\_\_  
First Middle Last

Primary Address: \_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Sex:  Male  Female

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Name of School District: District 11

### Parent's Profile

Name of Parent/Guardian 1: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Marital Status:  Married  Single  Widowed  Separated  Divorced

Home: ( ) - Work: ( ) - Cell: ( ) -

Email Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

House Number Street Apt. Number

\_\_\_\_\_  
City State Zip

Employer: \_\_\_\_\_

Profession/Occupation: \_\_\_\_\_

Name of Parent/Guardian 2: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Marital Status:  Married  Single  Widowed  Separated  Divorced

Home: ( ) - Work: ( ) - Cell: ( ) -

Email Address: \_\_\_\_\_

Home Address: \_\_\_\_\_  
House Number Street Apt. Number  
 \_\_\_\_\_  
City State Zip

Employer: \_\_\_\_\_

Profession/Occupation: \_\_\_\_\_

Primary Emergency Contact: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Home: ( ) - Work: ( ) - Cell: ( ) -

I/we approve and endorse this application of our child/children. In consideration of my/our child/children acceptance as a student, I hereby agree to pay **City of Faith Christian School** the payments of my child/children tuition, fees and such other expenses that he/she may incur in account with the school. I/we further agree to pay these fees in advance at the beginning of each month. I/we agree that my child/children will not be able to attend if the fees are not paid. **In consideration of this application: The undersigned agrees to the confidentiality of this information. This should only be disclosed with official permission. I/we enclosed non-refundable commitment fees of one hundred and fifty dollars (\$150.00)**

\_\_\_\_\_  
 Signature of Parent/Guardian

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Parent/Guardian

\_\_\_\_\_  
 Date

**STOP: Do Not Write in this Box. Office Use Only**

- Registration Fee Paid. Receipt/Check #: \_\_\_\_\_ Date \_\_\_\_\_
- New Admission       Re-admission      Assigned Class: \_\_\_\_\_
- Fall Semester 20\_\_\_\_       Spring Semester 20\_\_\_\_
- Regular Day, Monday – Friday (7:30 AM – 3:00 PM)       Extended Day, Monday – Friday (7:30 AM – 5:00 PM)
- Completed Medical Form Submitted
- Meals Received at School:  Breakfast  Lunch  Snack