



LIVING FAITH ACADEMY

2022-2023 RE-ENROLLMENT FORM

Today's Date _____

STUDENT INFORMATION

Student Name _____
Last First Middle

Home Address _____
Street

City State Zip Code

Mailing Address (If different from above)

Home Telephone # () _____ Cellphone # () _____

Student's Age _____ Birthdate _____ Social Security # _____

Gender: Male _____ Female _____ Ethnicity _____ Current Grade _____

PARENT INFORMATION—PLEASE UPDATE ALL CONTACTS:

Mother / Guardian Information

Father / Guardian Information

Name _____

Name _____

Employer _____

Employer _____

Work Phone # _____

Work Phone # _____

Cellphone # _____

Cellphone # _____

Occupation _____

Occupation _____

E-mail Address _____

E-mail Address _____

If parents are divorced or separated, with whom does the student live? (Include address if different from above.)

Child's Physician _____

Telephone # _____

Physical Defects or Allergies? _____

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, sex, age, or disability.

Church currently attending _____

Pastor _____ Member? Yes No

EMERGENCY CONTACT PERSON

1. Name _____ Relationship _____ Phone # _____

2. Name _____ Relationship _____ Phone # _____

3. Name _____ Relationship _____ Phone # _____

4. Name _____ Relationship _____ Phone # _____

PERSON, OTHER THAN PARENTS, ALLOWED TO PICK UP STUDENT

_(anyone else will need written permission from the parents and a photo I.D.).

1. Name _____ Relationship _____ Phone # _____

2. Name _____ Relationship _____ Phone # _____

3. Name _____ Relationship _____ Phone # _____

4. Name _____ Relationship _____ Phone # _____

Additional Notes or Comments:

FLA. STATUTE 837.06—WHOEVER KNOWINGLY MAKES A FALSE STATEMENT IN WRITING WITH THE INTENT TO MISLEAD A PUBLIC SERVANT IN THE PERFORMANCE OF HIS OFFICIAL DUTY SHALL BE GUILTY OF A MISDEMEANOR OF THE SECOND DEGREE, PUNISHABLE AS PROVIDED IN S.775.082 OR S.775.083.

THE INFORMATION GIVEN BY ME ON THIS FORM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE

SIGNATURE (Mother)	DATE
SIGNATURE (Father)	DATE
SIGNATURE (Legal Guardian)	DATE

Office Use Only			
Fee Paid \$ _____	Date _____	_____ Cash _____ CC	Billed _____
		_____ MO _____ CK # _____	Approve: Y__ N__

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