



# LIVING FAITH ACADEMY

## 2025-2026 RE-ENROLLMENT FORM

Today's Date \_\_\_\_\_

### STUDENT INFORMATION

Student Name \_\_\_\_\_

Last

First

Middle Initial

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

Street

City

State

Zip Code

Mailing Address ( If different from above)

Student's Age \_\_\_\_\_ Birthdate \_\_\_\_\_ Social Security # \_\_\_\_\_

Birth Gender: ( ) Male ( ) Female Ethnicity \_\_\_\_\_ Current Grade \_\_\_\_\_

Child's Physician \_\_\_\_\_ Telephone # \_\_\_\_\_

Physical Defects or Allergies? \_\_\_\_\_

### PARENT INFORMATION

( ) **Mother** ( ) **Step-Mother** ( ) **Legal Guardian (Check one)**

Name \_\_\_\_\_ Address \_\_\_\_\_

Employed by \_\_\_\_\_ Occupation \_\_\_\_\_

Cellphone \_\_\_\_\_ Work Phone \_\_\_\_\_

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

Marital Status: ( ) Single ( ) Married ( ) Divorced ( ) Widowed ( ) Separated

( ) **Father** ( ) **Step-Father** ( ) **Legal Guardian (Check One)**

Name \_\_\_\_\_ Address \_\_\_\_\_

Employed by \_\_\_\_\_ Occupation \_\_\_\_\_

Cellphone \_\_\_\_\_ Work Phone \_\_\_\_\_

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

Marital Status: ( ) Single ( ) Married ( ) Divorced ( ) Widowed ( ) Separated

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

**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.**

## EMERGENCY CONTACT & PICK-UP INFORMATION

### EMERGENCY CONTACT PERSON

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_  
 2. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_  
 3. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_  
 4. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

List names of persons authorized to take child from school. Child **WILL NOT** be allowed to leave with any other person without **WRITTEN** authorization and a photo I.D.

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_  
 2. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_  
 3. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_  
 4. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Church currently attending \_\_\_\_\_

Pastor \_\_\_\_\_ Member?     Yes     No

School last attended (Name, Address, Tel #) \_\_\_\_\_

Any additional helpful information about your child:  Yes—if Yes, comment below     No

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

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/Step-mother)	DATE
SIGNATURE (Father/Step-father)	DATE
SIGNATURE (Legal Guardian)	DATE

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

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.