



LIVING FAITH ACADEMY

2020-2021 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 _____

Child's Uniform Shirt Size: __YXS __YS __YM __YL __YXL __XS __S __M __L __XL __XXL

PARENT INFORMATION—PLEASE UPDATE ALL CONTACTS:

Mother/Step-mother/Guardian Information

Name _____

Employer _____

Work Phone # _____

Cellphone # _____

Occupation _____

E-mail Address _____

Father/Step-father/Guardian Information

Name _____

Employer _____

Work Phone # _____

Cellphone # _____

Occupation _____

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? _____

Church currently attending _____

Pastor _____ Member? Yes No

School last attended (Name, Address, Tel #) _____

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:

Parent Signature

Date

Parent Signature

Date

Office Use Only			
Fee Paid \$ _____	Date _____	_____ Cash _____ CC	Billed _____
		_____ MO _____ CK # _____	