

FELLOWSHIP BAPTIST ACADEMY

2019-2020 Registration Form

ABOUT THE STUDENT

Check One:

- NEW STUDENT-What school is the child enrolled in now? _____
- RETURNING STUDENT- How many years has the child attended FBA? _____

Student's Full Name _____
 First Middle Last

Name student goes by _____ Sex: Male Female

What grade will the student enrolled in 2019-2020 school year? _____

Birthdate _____ How old will the student be on November 1? _____
 Month Day Year

Student's Birth Place _____
 City, State Country

Home Address _____

City _____, NC Zip _____ Home Phone (____) _____ - _____

ABOUT THE PARENTS/GARDIANS

Father's Name _____

Father's Place of Employment _____

Father's Email Address _____

Work Phone (____) _____ Cell Phone (____) _____

Mother's Name _____

Mother's Place of Employment _____

Mother's Email Address _____

Work Phone (____) _____ Cell Phone (____) _____

Parents are married divorced separated single

ABOUT THE FAMILY

Name of Siblings	Age	Grade	FBA Student?
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

CHURCH ATTENDANCE

Is the student a member of Fellowship Baptist Church? Yes No

Is the father a member of Fellowship Baptist Church? Yes No

Is the mother a member of Fellowship Baptist Church? Yes No

For non-members, please complete the information below.

Name of the church you attend if not Fellowship Baptist Church: _____

Address: _____ City _____ Zip _____

Pastors name: _____ email: _____

***A pastor’s recommendation form is required for all non-members.**

SCHOLARSHIPS – Please check if you qualify or have been awarded a scholarship. Only one scholarship may be utilized per student.

Fellowship Baptist Church Member Scholarship-

Families who are active members of Fellowship Baptist Church are eligible for the FBC Members’ Scholarship. This scholarship cannot be combined with any other scholarship. Students and parents must maintain active church attendance and membership.

Opportunity Scholarship Program- Awarded by the North Carolina State Education Assistance Authority

PAYMENT(Check 1)- Payment must be received with registration

Cash \$ _____

Check # _____

QuickSchools online payment (3.5% additional fee will apply) Payment must be processed by 2/22/19 to complete registration.

SIGNATURES

Father’s Signature _____ Date _____

Mother’s Signature _____ Date _____

SCHOOL OFFICE USE ONLY

Registration Paid \$ _____ (Cash / Check # _____) Date _____ Initials _____

Other Fees Paid- Type _____

Notes: