

FAITH

B A P T I S T A C A D E M Y

STUDENT APPLICATION

Please print legibly and complete entire form to the best of your knowledge.

STUDENT INFORMATION

Name: _____ Today's Date: ____/____/____
Last First Middle MM/DD/YYYY

Address: _____
Street City State ZIP

Phone 1: (____) ____-____ Phone 2: (____) ____-____ D.O.B: ____/____/____
Home Cell MM/DD/YYYY

Email: _____ Age: _____ Sex: _____

Last School Attended: _____

School Address: _____
Street City State ZIP

What grade will student be entering in the 2017/2018 school year? _____

FAMILY INFORMATION

Father's Name: _____ Today's Date: ____/____/____
Last First MM/DD/YYYY

Employer: _____ Position: _____

Phone 1: (____) ____-____ Phone 2: (____) ____-____ Phone 3: (____) ____-____
Home Cell Work

Email: _____ Skype: _____

Mother's Name: _____ Today's Date: ____/____/____
Last First MM/DD/YYYY

Employer: _____ Position: _____

Phone 1: (____) ____-____ Phone 2: (____) ____-____ Phone 3: (____) ____-____
Home Cell Work

Email: _____ Skype: _____

Administrator:
Steven Hutchinson

A Ministry of Faith Baptist Church
486 Battlefield Memorial Hwy
Richmond, KY 40475

(859) 625-8548
faithbaptistky.com



STUDENT APPLICATION

CHURCH INFORMATION

Church Attending*: _____

Church Address: _____

Street

City

State

ZIP

Pastor's Name: _____ Phone: (____) ____ - ____

***Note: All applicants must be approved by our pastor. If your student is not a member of Faith Baptist Church, you will need to have a "Pastor's Reference Form" filled out by your pastor.**

GENERAL INFORMATION

How did you hear about this school? _____

What is your reason for selecting this school? _____

Does your student desire to be in Christian school? _____

PARENT'S SIGNATURE

Parent Signature

____/____/____
Date

Administrator:
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