



# Families of Faith Christian Academy International

P. O. Box 5125  
Lakeland, FL 33807  
www.fofcai.com

Phone: (863) 686-7755  
Fax: (863) 248-4128  
Email: admin@fofcai.com

## Adult Enrollment Application

□ **Complete the application by printing in ink or typing. All information must be provided in order for the application process to proceed, including a photo ID. All information will be kept confidential.**

*Be sure to complete all of the following steps:*

1. Sign and return **this completed application** with the applicable first payment fees to the school office.
2. **Choose the payment option** for the tuition and complete the FOFCIAI Credit Card Authorization Form, unless full payment is enclosed.
3. Applications for students being enrolled for the first time *must* include:  
**Birth Certificate:** Original or legible copy permitted, or State issued **Photo ID**.
4. Documentation of previous school or academic progress.
  - 1) **Most recent report card** for students entering 1-9 grades.
  - 2) **Certified High School Transcript** for students entering 10-12 grades or with any earned credits.  
 \*Transfer students applying for enrollment in FOFCIAI are required to provide evidence of supporting documentation to determine academic status. Families of Faith Christian Academy may require incoming students to take a standardized achievement test if the administration determines a student's records lack appropriate academic documentation.
  - 3) **Test Score Reports**, if available.
  - 4) **Homeschooling Documentation:** If you have been homeschooling, provide documentation for the past two years. (Three if entering the 12th grade.)

## Permanent Student Information:

**Please Print or Type**

□

Student Name: \_\_\_\_\_  
First
Middle
Last
Suffix

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
City or County
State

Race: \_\_\_\_\_ Male/Female: \_\_\_\_\_ SS#: \_\_\_\_\_  
Required for High School Transcripts

Mailing Address: \_\_\_\_\_  
Street
City
State
Zip

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Last School Attended Prior to FFCA: \_\_\_\_\_

Address of Previous School: \_\_\_\_\_

**Acknowledgement and Release**

- ▶ I hereby certify that the answers and information on this application are true and correct.
- ▶ I understand that Families of Faith Christian Academy International (FOFCAI) is a Christian organization as put forth in its doctrinal statement.
- ▶ I understand that I am enrolling in an on-line or virtual program that includes all required curriculum and grading. However, tutoring, if required, is not included in the base tuition for the program.
- ▶ I understand that FOFCAI must have all previous school records before a final transcript or diploma can be issued.
- ▶ I understand and agree that I will meet and maintain all the requirements of and abide by the policies and procedures of FOFCAI. (Complete listing of all policies and procedures are in the Parent/Student Handbook on line.)
- ▶ I understand and agree that negligence of these responsibilities may result dismissal from FOFCAI without refund, and that reinstatement is dependent upon reaffirmation to these standards, a favorable decision by the Board of Directors, and repayment of applicable fees.
- ▶ I release and hold harmless FOFCAI from any and all claims for loss, damage, and/or injury of any nature to any person or property resulting from FOFCAI's programs or activities.
- ▶ I acknowledge that NO REFUND for the curriculum portion of the tuition will be issued once enrolled. (\$295)
- ▶ I further acknowledge that NO REFUND for the total tuition will be issued after the student has been enrolled for 10 business days, and FULL TUITION will still be due, even if I withdraw or do not complete the program.

**By signing this application, I acknowledge, affirm, agree, and/or consent to ALL STATEMENTS listed on the application, and the Parent/Student Handbook.**

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**STUDENT TUITION: \$495 includes the cost of materials and curriculum.**

**Families of Faith Credit Card Authorization Form**

This form is used to authorize FOFCAI to make specific charges to your credit card account.  
DO NOT send credit card information via e-mail.

Debit/Credit Card Information:

Name as it appears on debit/credit card: \_\_\_\_\_

Billing Address: \_\_\_\_\_ Zip Code \_\_\_\_\_

Type of Card: \_\_\_\_\_ Card # \_\_\_\_\_

Expiration date: \_\_\_\_\_ Security Code: \_\_\_\_\_ (three digits on the back of the card)

Signature of card holder: \_\_\_\_\_

*(I agree to pay the above total amount in accordance with the card issuer agreement.)*

\_\_\_\_\_ **Full Payment Authorized**

\_\_\_\_\_ **Down Payment of \$295 Authorized, plus one payment of \$110 in thirty (30) days and a final payment of \$110 in sixty (60) days.**

**Mail Completed Application to:**  
Families of Faith Christian Academy  
P.O. Box 5125  
Lakeland FL 33807

**Appointments can be scheduled by contacting the office:**  
www.fofcai.com  
Phone: 863-686-7755  
Fax: 863-428-4128  
Email: admin@fofcai.com