



**Families of Faith  
Christian Academy  
International**

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**Student Enrollment/Demographics 2015-2016 Academic School Year**  
*Complete a separate Student Enrollment/Demographics form for each student.*

**Primary Family Contact:** \_\_\_\_\_  
This is the family name listed on the Family Registration Form.

**Indicate the program this student will be enrolled in:**

- \_\_\_ Parent Directed / School Verified Program:
- \_\_\_ FOFCAI Virtual School Program: (Ignitia On-Line included)
- \_\_\_ FOFCAI Full-Time Virtual School Program: (Ignitia and Full-Time Teacher Support)

**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	
Grade Entering 2015-2016: _____		Date Enrolled: _____	
Last School Attended Prior to FFCA: _____			
Address of Previous School: _____			

**Non-Custodial Parent Information:** Only complete this section if one of the parents listed on the student's birth certificate has a different contact address than listed on the Family Enrollment Form.

Parent Name: _____			
First	Middle	Last	Suffix
Relationship: _____		Level of Involvement: _____	
Address: _____			
Street	City	State	
Phone: _____		Email: _____	

