



**Families of Faith
Christian Academy
International**

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Student Enrollment/Demographics 2017-2018 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 Campus 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#: _____	
		Requested for High School Transcripts	
Grade Entering 2017-2018: _____		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: _____	

