

FRIENDSHIP CHRISTIAN SCHOOL

3160 Old Atlanta Road
Suwanee, GA 30024
6788450418

Domestic Student Application

Student's Legal Name: _____ Preferred First Name: _____
First Middle Last

Date of Birth: _____ Grade Applying For: _____ Today's Date: _____

Church Denomination: _____ Race: _____ Gender: _____ M _____ F

Mailing Address: _____
Street City State Zip County

Cell Number: _____ Email Address: _____

Student's Social Security Number (Required for 8th-12th): _____

Circle ALL that apply:

Student Lives With:

Mother Father Stepmother Stepfather Grandparents Guardian

Who has legal custody? _____

Parents are:

Married Divorced Widowed Separate Other: _____

Has applicant previously applied for Friendship Christian School? Y N

Student's Previous Education Background

List all current and previous schools attended, including Kindergarten:

Name of School	City, State	Grades Attended



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Family Information:

Father's Name: _____ Phone Number: _____
Address: _____ Same As Student: _____
Occupation: _____ Employer: _____
Cell Number: _____ Email Address: _____

Mother's Name: _____ Phone Number: _____
Address: _____ Same As Student: _____
Occupation: _____ Employer: _____
Cell Number: _____ Email Address: _____

Church: _____ Pastor's Name: _____
Attend Regularly? Y N Are You A Member? Y N Church Zip code: _____

Emergency Contact

Name: _____ Phone: _____

SB10 STATE PROGRAM FOR SCHOLARSHIP

Student participates in the Georgia Special Needs Scholarship Program? Y N

I am aware that if my child participates with this program I must submit the letter from the website to show my credit amount for the year. I also understand that I must come into the school office and reimburse the checks as they come in monthly for FCS. (initial only if applicable) _____

Student Name Printed

Parent/Guardian Signed

Date

All application and registration fees are non refundable. See website for details.

