



04. FFCS REGISTRATION
(page one of three) (one per family)
2018-2019

1919 SW 25th Avenue • Battle Ground, WA 98604 • Phone: 360/687-8382 • Fax: 360/687-8799 • www.ffcs.org

Parent/Guardian Name _____

STUDENT INFORMATION (Please print. If you have more than three students, please make additional copies.)

Last Name: _____ First Name: _____ Middle Name: _____

Birth Date (month/day/year): ____/____/____ Gender: Male Female 2018/19 Grade: _____

Birth Place (City, State, Country): _____

Public School District: (What school and school district would your student be attending if they were not here at FFCS?)

Local school _____ District _____ County _____ State _____

(What school and school district did your student attend last year?)

Previous School _____ School District _____ City/State _____

Was/Is your child on an I.E.P. (Individualized Learning Plan) or I.S.P. (Individualized Service Plan)? __ Yes __ No

Was your child suspended or expelled from a previous school? __ Yes __ No

Last Name: _____ First Name: _____ Middle Name: _____

Birth Date (month/day/year): ____/____/____ Gender: Male Female 2018/19 Grade: _____

Birth Place (City, State, Country): _____

Public School District: (What school and school district would your student be attending if they were not here at FFCS?)

Local school _____ District _____ County _____ State _____

(What school and school district did your student attend last year?)

Previous School _____ School District _____ City/State _____

Was/Is your child on an I.E.P. (Individualized Learning Plan) or I.S.P. (Individualized Service Plan)? __ Yes __ No

Was your child suspended or expelled from a previous school? __ Yes __ No

Last Name: _____ First Name: _____ Middle Name: _____

Birth Date (month/day/year): ____/____/____ Gender: Male Female 2018/19 Grade: _____

Birth Place (City, State, Country): _____

Public School District: (What school and school district would your student be attending if they were not here at FFCS?)

Local school _____ District _____ County _____ State _____

(What school and school district did your student attend last year?)

Previous School _____ School District _____ City/State _____

Was/Is your child on an I.E.P. (Individualized Learning Plan) or I.S.P. (Individualized Service Plan)? __ Yes __ No

Was your child suspended or expelled from a previous school? __ Yes __ No



04. FFCS REGISTRATION

(page two of three) (one per family)
2018-2019

Parent/Guardian Name _____

PRIMARY HOUSEHOLD	Home Phone ()	Employment	Other Phones
Parent/Guardian Name: _____ __ father __ mother __ grandparents __ stepfather __ stepmother __ other _____		Employer's Name:	Wk: () Cell: ()
Parent/Guardian Name: _____ __ father __ mother __ grandparents __ stepfather __ stepmother __ other _____		Employer's Name:	Wk: () Cell: ()
Residence Address			
Mailing Address (if different)			
Email Address			

SECONDARY HOUSEHOLD	Home Phone ()	Employment	Other Phones
Parent/Guardian Name: _____ __ father __ mother __ grandparents __ stepfather __ stepmother __ other _____		Employer's Name:	Wk: () Cell: ()
Parent/Guardian Name: _____ __ father __ mother __ grandparents __ stepfather __ stepmother __ other _____		Employer's Name:	Wk: () Cell: ()
Residence Address			
Mailing Address (if different)			
Email Address			

Student(s) lives with (may check more than one):

both parents father only mother only grandparents father/stepmother mother/stepfather other _____

Church now attending: _____

Pastor's Name & Church Mailing Address: _____



04. FFCS REGISTRATION
 (page three of three) (one per family)
 2018-2019

Parent/Guardian Name _____

EMERGENCY INFORMATION

When injury, illness, or other non-emergency situations occur involving your children, we need to be able to quickly reach families or other responsible adults. **We will call parents/guardians first.** In the event we cannot reach parents/guardians, please list three trustworthy persons who are available during the school day to care for your children. **Please list three contacts other than parents.**

First contact: Parent(s)/Guardian(s) as listed in RenWeb			
Emergency contact:	Relationship to child:	Home phone: ()	Wk: () Cell: ()
Emergency contact:	Relationship to child:	Home phone: ()	Wk: () Cell: ()
Emergency contact:	Relationship to child:	Home phone: ()	Wk: () Cell: ()

How did you hear about FFCS?

Radio Internet Newspaper Ad Social Media FFCS Family* Non-FFCS Family Other: _____

* **FFCS Referring Family Name:** _____
 (To receive credit:)

- **New Family: Must write in referring family name above**
- **Referring Family: Must fill out a New Student Referral Incentive Program form)**

EMERGENCY INFORMATION: I understand that in the event of accident or illness, every effort will be made to contact parents/guardians immediately. If parents/guardians cannot be reached, I authorize school authorities to obtain emergency care for my children.

VERIFICATION OF INFORMATION: The information on this form is true and accurate as of this date. I understand that falsification of information to achieve enrollment or grade assignment may be cause for revocation of the student's enrollment or assignment.

Legal Parent/Guardian Signature: _____ Date: _____

STATEMENT OF NONDISCRIMINATION

"Firm Foundation Christian School admits students of any sex, race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. FFCS does not discriminate on the basis of race, color, national or ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs."