



01. FFCS FAMILY CHECKLIST

2018-2019

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

Family Name (please print) _____

- | | |
|---------------|--|
| 1 per family | <input type="checkbox"/> Enrollment Fee (\$150 for one student or \$250 for two or more students), <u>non-refundable</u> |
| | <input type="checkbox"/> Tuition Calculation & Tuition Payment Forms |
| | <input type="checkbox"/> Volunteer Service Guidelines Form (K-12th grades) |
| | <input type="checkbox"/> Volunteer Service Preferences Form (K-12th grades) |
| | <input type="checkbox"/> Signed Statement of Faith |
| | <input type="checkbox"/> Signed Discipline Policy Form |
| | <input type="checkbox"/> Registration Form (3 pages) |
| 1 per parent | <input type="checkbox"/> Background Check Form (2 pages) |
| | <input type="checkbox"/> Records Request Form (1st-12th Grades—New students only) |
| 1 per student | <input type="checkbox"/> Student Information Form (3 pages) |
| | <input type="checkbox"/> Immunization Record, filled out and signed
{ ORIGINALS ONLY —no copies} MANDATORY (2 pages)
<i>Parent/guardian must transfer information from doctor records to immunization form.</i> |
| | <input type="checkbox"/> Copy of Birth Certificate |
| | <input type="checkbox"/> 1 Payment Option or Completed FACTS set up (Families choosing a monthly payment plan will be emailed a link and special code to set up automatic payments in the FACTS payment system. <u>Enrollment is not complete until this is set up.</u>) |

ALL forms are required and MUST accompany the non-refundable registration fee to hold a student's place in a class.

Please return this form with all completed enrollment forms to Bldg. B office.

STAFF USE ONLY			
Received by _____	Date _____	Time _____	
Registration Fee \$ _____	Check # _____	Initials _____	
Mid-Year Enrollments: <input type="checkbox"/> FFCS Handbook Given to Family (K-12th _____ Grade). FFCS Handbook Receipt received.			
Records Request Submitted by _____	Date _____	Records Received by _____	Date _____