



01. FFCS FAMILY CHECKLIST

2019-2020

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"/>	Service Hours Guidelines & References Form (K-12th grades)
	<input type="checkbox"/>	Service Hours 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)
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1 per student	<input type="checkbox"/>	Records Request Form (1st-12th Grades—New students only)
	<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"/>	Grade Report/Transcript
	<input type="checkbox"/>	Copy of IEP - if applicable

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 _____	
Records Request Submitted by _____	Date _____	Records Received by _____	Date _____