



Application for Admission

Saint Francis Christian School

Student's Name _____
First Middle Initial Last

Age _____ Birthday _____ Grade _____ Male or Female

Parents:

Father's Name _____

Mother's Name _____

Marital Status (Please check one):

_____ Married _____ Separated _____ Divorced _____ Not Married

Other Children in the family:

Name: _____ Age _____ Name: _____ Age _____

Name: _____ Age _____ Name: _____ Age _____

Contact Information

Home Address: _____

Primary Contact

Name: _____ Phone: _____

Email: _____

Secondary Contact

Name: _____ Phone: _____

Email: _____

Academic Information

School last attended: _____

Student's overall grade in: Math _____ Science _____ English _____ History _____

Is this student reading up to his/her grade level? _____

Has the student ever been _____ expelled _____ dismissed _____ suspended

If he/she has been dismissed, what was the reason?

Has the student ever been refused admission to a school? _____

Has the student ever had any disciplinary problems at school? _____

Has the student ever been in trouble with the law? _____

Has the student ever used tobacco, drugs, alcohol in any non-medical form? _____

If the answer to any of the questions above was yes please explain the problem. _____

How did you hear about our school? _____

Why do you want to enroll your child in St. Francis Christian School? _____

I have read the school handbook and all other material provided by the school. I understand the policies of the school and will fully support them if my child is accepted to St. Francis Christian School.

Printed Name: _____

Signature: _____ Date: _____

Printed Name: _____

Signature: _____ Date: _____

Submission Methods

Please submit to the school office along with your \$50 registration fee per child

Email: jzajicek@fbcstfrancis.com

Mail: 22940 St. Francis Blvd. NW, St. Francis, MN 55070

Fax: (763) 753 - 6099

Delivered in person