

**2024-2025 FCA COMMUNITY STUDENT APPLICATION**

Date of Application \_\_\_\_\_

Student's Full Name \_\_\_\_\_ Goes by \_\_\_\_\_ Grade \_\_\_\_ M/F \_\_\_\_

Date of Birth \_\_\_\_\_ SS # \_\_\_\_\_ Ethnicity:  
Referred By \_\_\_\_\_ Nat Am \_\_ Afri-Amer \_\_ Hisp \_\_ Cauc \_\_ Asian/Pac Isl

Parent(s)/Guardian: Mother \_\_\_\_\_ Father \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Contact No(s) for Mother: Cell \_\_\_\_\_ Work \_\_\_\_\_ Home \_\_\_\_\_

Contact No(s) for Father: Cell \_\_\_\_\_ Work \_\_\_\_\_ Home \_\_\_\_\_

Email Address: \_\_\_\_\_

School Last Attended: \_\_\_\_\_ Address \_\_\_\_\_ City/State Zip \_\_\_\_\_

**If applicable - please list 2 other designated people responsible for student pick-up:**

Name \_\_\_\_\_ Name \_\_\_\_\_

**Student Health Concerns: (Please answer all questions)**

1. Is there anything significant FCA should know that might impact student's physical or emotional well being while at school? \_\_\_\_ Yes \_\_\_\_ No (If yes, please explain)

\_\_\_\_\_

2. Please list any allergies student has (food, insects, medications, pollens, ect.)

Does student have Epi-pen? Yes \_\_\_\_ No \_\_\_\_ Does student have inhaler? Yes \_\_\_\_ No \_\_\_\_

3. Please list any social, learning or behavioral issues student has experienced during school years.

\_\_\_\_\_

4. Does student have an IEP or a 504? \_\_\_\_ Yes \_\_\_\_ No (If yes, please be sure a copy of the IEP is attached to this application)

**In case of Emergency FCA will notify:**

Name \_\_\_\_\_ Contact No \_\_\_\_\_

Name \_\_\_\_\_ Contact No \_\_\_\_\_

**Please provide birth certificate, shot records, and school records applicable to this student's placement.**