



F.H.L. ACADEMY

18633 350th St, Bagley, MN 56621

Dean of Students: Vanessa Jodock

218-694-2048 vjodock@fhllacad.org

We are an Inter-denominational Christian school giving children the opportunity to learn in an environment where their education is based upon strong, biblical values and concepts.

Student Application

Name of Child _____

Last

First

Middle

Grade in which child will be enrolled ___ Pre-K ___ K ___ 1 ___ 2 ___ 3

___ 4 ___ 5 ___ 6 ___ 7 ___ 8 ___ 9 ___ 10 ___ 11 ___ 12

Age of child now _____ Date of birth _____ / _____ / _____ Male ___ Female ___

Family Information

Father's Name: _____

Mother's Name: _____

Address _____

Address _____

Home Phone _____

Home Phone _____

Cell Phone _____

Cell Phone _____

Occupation _____

Occupation _____

Employer _____

Employer _____

Work # _____

Work # _____

Email address _____

Email address _____

Marital status
of parents

___ Married

___ Separated

___ Divorced\

___ Widowed

___ Single parent

Name of siblings

Age

Grade

Where enrolled

Academic Information

Please list academic history, beginning with the school most recently attended.

School **City** **Years**

Has your child ever been dismissed from a school for behavior-related problems?

_____ If yes, please explain: _____

How did you learn about F.H.L. Academy Inc? If you were referred to the school by an F.H.L. family, please specify their name: _____

Spiritual Information

Church Affiliation _____

Is your child accustomed to Bible reading and prayer in the home?

Give a brief statement regarding your child's personal relationship to Jesus Christ

Why do you wish to enroll your child in F.H.L. Academy?

Medical Information

Please list any handicaps your child has _____

Does your child take any medications regularly? ____ If yes, please explain:

Does your child have any special medical needs? ____ If yes, please explain:

By signing this application, if my/our child is accepted for admission to F.H.L. Academy:

- I/We agree to cheerfully abide by the rules of the school and to help advance its Christian testimony.
- We agree to pay all school bills by the first of each month, unless other arrangements have been made with the school treasurer.
- I/We understand that F.H.L. will not transfer my/our child's grades and records to a new school unless my/our tuition is paid in full.
- I/We understand that our signature(s) below apply(ies) to all statements on this application requiring my/our permission and testify that the information given is true and accurate.
- I/We along with my/our child agree to read and comply with the Student Handbook of F.H.L. Academy.
- **The following information about my/our child may be important regarding consideration of his/her enrollment at F.H.L. Academy:**

Signature(s) of parent(s)

_____ **Date** _____

Please return with a copy of immunization records, or sign a waiver from our office.

F.H.L. does not discriminate in enrollment or in the provisions of its programs or services on the basis of gender, race, or national or ethnic origins.