Student Application

F.H.L. ACADEMY Dean of Students: Vanessa Jodock

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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.

**Name of Child** *click here to fill in name*

Last First Middle

Grade in which child will be enrolled K 1 2 3 4 5 6 7 8 9 10 11

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 Phone:** | **Work Phone:** |
| **Email:** | **Email:** |
| **Parents Marital Status**:  Married  Separated  Divorced Widowed  Single | |

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| --- | --- | --- | --- |
| **Name of Sibling** | **Age** | **Grade** | **Where Enrolled** |
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**Academic Information**

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

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| --- | --- | --- |
| **School** | **City** | **Years attended** |
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Has your child ever been dismissed from a school for behavior-related problems?

Yes/ No 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?  Yes/  No

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? Yes/ No If yes, please explain:

Does your child have any special medical needs?  Yes/  No 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.