

FORCEY CHRISTIAN MIDDLE SCHOOL

12625 Galway Drive, 2nd Floor
Silver Spring, MD 20904

APPLICATION FOR ADMISSION

All information must be complete for this application to be considered. You may use the back if you need additional space.

STUDENT _____ Applying for Grade _____ For term beginning _____
(last name, first name, middle initial)

Male or **Female** Child's Preferred Name (Nickname): _____

Date of Birth _____ Age _____ Place of Birth _____

Residence _____
(Street Address, City, State, and zip code)

Home Phone _____ Email _____

1. Father's Name _____ Work Phone _____
Father's Business/Co. Name & Job Title _____

2. Mother's Name _____ Work Phone _____
Mother's Business/Co. Name & Job Title: _____

3. What is the marital relationship in your home? Parents are:
 Married and living together Separated Divorced One parent deceased Natural parent and Step-parent
 Single Parent

4. Child legally resides with: Both Parents Mother Father
 Joint Custody, if divorced. (Please provide address and phone number of other parent if known.)

Address: _____

Phone: _____

Legal Guardian (state relationship) _____

5. Name and relationship of person responsible for bills: _____
If other than parent(s), provide address: _____
Phone _____

6. If there are other children in your family, please complete the following:

Name _____ Age _____ Grade _____ School _____
Name _____ Age _____ Grade _____ School _____
Name _____ Age _____ Grade _____ School _____

7. Student's Physician _____ Address _____ Phone _____

8. Name and Address of living grandparents:

Name(s) _____ Address _____
Name(s) _____ Address _____

10. Please list schools student has previously attended: _____ Grades _____

22. Of which church or parish is your family a member?

Name: _____

Denomination: _____

23. What is the frequency of the parent's church attendance?

Weekly _____ Frequently _____ Infrequently _____

24. What is the frequency of your student's church attendance?

Weekly _____ Frequently _____ Infrequently _____

25. If your student is accepted, will you promise to:

Support the school and its policies concerning dress, conduct, and all other matters? _____

Assume the responsibility for your student's education by supervising assigned homework, keeping in regular contact with your student's teachers, and guiding your student toward godly character? _____

Support to the best of your ability the various activities of the school? _____

Support to the best of your ability the school's entire program? _____

26. For personal reference, please list the name of your clergyman:

Name _____ Address _____

City/State _____ Zip Code _____

27. PARENT'S (or legal guardian's) STATEMENT:

I understand that this application cannot be considered without the registration fee and that if a student is accepted, the registration fee will not be refunded.

I understand that if I voluntarily withdraw my student from the school once classes have begun, I am responsible to pay an additional month's tuition.

Date: _____ Signature: _____

FCMS admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities made available to students of the school. It does not discriminate on the basis of race, color, national and ethnic origin in the administration of its educational policies, admissions policies, scholarships, athletics, or any other school administered programs.