



**FAITH WEST ACADEMY**  
 SACS Accredited, ICAA Accredited  
 TEPSAC Recognized – NCPSA Recognized

Date: \_\_\_\_\_

This application is to enroll the following student at FWA for the summer session of 2019.

Student Name \_\_\_\_\_ Grade (Fall 2019) \_\_\_\_\_

Address \_\_\_\_\_ Home # \_\_\_\_\_

Father's Employer \_\_\_\_\_ Work # \_\_\_\_\_ C# \_\_\_\_\_

Mother's Employer \_\_\_\_\_ Work # \_\_\_\_\_ C# \_\_\_\_\_

Primary Parent e-mail address \_\_\_\_\_

Summer Term I – Wednesday, June 5 – Wednesday, June 26

Summer Term II – Monday, June 24 – Friday, July 19

The session my student is enrolling into is: \_\_\_\_\_

My student is taking the following courses:

_____	Original Credit	<input type="checkbox"/>	Recovery Credit	<input type="checkbox"/>
_____	Original Credit	<input type="checkbox"/>	Recovery Credit	<input type="checkbox"/>

**ENROLLMENT POLICIES:**

1. The enrollment fee is \$100.00 per student.
2. The enrollment fee is non-refundable and non-transferable.
3. All parents must submit a copy of this form along with the Financial Commitment Form.

**NONDISCRIMINATION POLICY:** Faith West Academy admits students of any race, color, national or ethnic origin to all rights, privileges, programs, and activities made available to students at the school. It does not discriminate on the basis of race, color, or national or ethnic origin in administration of its education policies, athletic, and other school-administered programs.

<b>For Office Use Only</b>	
Form of payment:	_____
Check/receipt #:	_____
Amount:	_____
Initials:	_____
Date:	_____
Reg: Y/N	_____