*Faith International Academy*

**RETURNING STUDENT REGISTRATION**

**School Year:**

Student Name: Entering Grade:

Child’s Passport Number: Country: Exp. Date:

Child’s Visa Number: Visa Expiration Date:

*\*If you have a tourist visa, you must have additional immigration documentation. Please contact* *executive.assist@fia.edu.ph* *for assistance.*

**PLEASE ANSWER EACH QUESTION WITH “YES” OR “NO”.**

\_\_\_\_\_\_\_\_ Has your contact information (home or work) changed in the past year? (If yes, please write your new information in the space below.)

\_\_\_\_\_\_\_\_ Has your child received any new immunizations in the past school year? (If yes, please provide a photocopy of your child’s immunization record.)

\_\_\_\_\_\_\_\_ Has your child developed any health problems, allergies, begun wearing glasses, or had any other changes in health status in the past year? (If yes, please explain in the space below.)

\_\_\_\_\_\_\_\_ Do you have any other concerns that the school should be aware of? (If yes, please explain below.)

Explain any ‘yes’ answers here:

**BILLING INFORMATION:** Circle one choice from each category.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Frequency** |  | **Tuition Paid By** |  | **Send Statement to** |  | **Send Statement via** |
| Yearly |  | Parents |  | Parents |  | Fax |
| Semi-annually |  | Mission |  | Mission |  | E-Mail |
| Quarterly |  |  |  | Other (explain) |  | Regular Mail |
| Monthly |  |  |  |  |  |  |

(over)

**SUPPORTING DOCUMENTATION**:Please enclose each of the following:

\_\_\_\_\_\_\_\_ Registration Fee (Please note that the registration cannot be honored unless accompanied by the registration fee payment)

\_\_\_\_\_\_\_\_ Your signature below indicates you have read and agree to the following Faith International Academy documents:

* Parent Release Information
* Statement of Faith & Unity
* Computer Use Agreement\*
* Child Safety Code of Conduct
* Fee Schedule
* Student-Parent Handbook

\*Students in grades 6-12 will be asked to sign the Computer Use Agreement at the beginning of the school year.

\_\_\_\_\_\_\_\_ Medical Exam form, completed by a physician, for students entering grade 6 and grade 9.

The information on this registration form is true and accurate. Both Parents please sign below.

 Parent signature above printed name Date

 Parent signature above printed name Date