



APPLICATION FOR STUDENT ENROLLMENT 2017-2018

Faith International Academy #7 Jade St., Marfori Heights, Davao City

PHONE: (082) 226-3103 FAX: (082) 221-3559

E-MAIL: academic.secretary@fia.edu.ph

FAMILY NAME: _____ FATHER: _____ CITIZENSHIP: _____
 RESIDENCE: _____ MOTHER: _____ CITIZENSHIP: _____
 MAILING ADDRESS: _____ CITY: _____ ZIP: _____ HOME PHONE: _____
 E-MAIL: _____ CELL (Father's): _____ CELL (Mother's): _____
 MISSION/COMPANY: _____ WORK PHONE: _____ FAX: _____

CHILD'S PASSPORT NAME	NAME USE	SEX	BIRTHDATE (mm/dd/yy)	BIRTH PLACE	GRADE Completed	GRADE Requesting	CITIZEN	PASSPORT #	PASSPORT (mm/dd/yy)	VISA TYPE	VISA EXP. (mm/dd/yy)	SOCIAL SECURITY #

OTHER INFORMATION *(please circle your answer):*

Semesters attending: first semester only second semester only both semesters
Students will live with: parents another family
Is your child/ children "part time"? Yes No
Is there a Learning Disability or Physical Handicap? Explain if the answer is "Yes".

Language used at home: _____

PLEASE NOTE THAT THE APPLICATION CANNOT BE HONORED UNLESS ACCOMPANIED BY THE APPLICATION FEE PAYMENT.

***BILLING INFORMATION** *(please circle your answer):*

Frequency of Payments: yearly semi-annually quarterly monthly
Tuition Fees Paid: parents mission
Miscellaneous Charges paid: parents mission
Send Statement: parents mission other
Send Statement via: fax regular mail e-mail

Application/ Registration Fees: enclosed others: _____

Date today/application started: _____

FOR OFFICE USE ONLY

Date received: _____

OR #: _____ Date: _____

JV #: _____ Date: _____

Category: _____

**See enclosed payment schedule for details.*