



STUDENT RE-ENROLLMENT FORM

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 ADDRESS: _____ 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 #

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

FOR SCHOOL YEAR: _____ **DATE TODAY:** _____

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"? No Yes Subject: _____
Is there a Learning Disability or Physical Handicap? Explain if the answer is "Yes".

Language used at home: _____

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

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

APPLICATION FEE: enclosed others: _____

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

FOR OFFICE USE ONLY
Date received: _____
OR #: _____ Date: _____
JV #: _____ Date: _____
Category: _____

**See enclosed payment schedule for details.*