



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.

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

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