



# STUDENT ENROLLMENT APPLICATION

## 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](mailto:academic.secretary@fia.edu.ph)

FAMILY/ LAST NAME: \_\_\_\_\_ RESIDENCE: \_\_\_\_\_

FATHER's NAME: \_\_\_\_\_ CITIZENSHIP: \_\_\_\_\_ CELL: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

MOTHER's NAME: \_\_\_\_\_ CITIZENSHIP: \_\_\_\_\_ CELL: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

MISSION/COMPANY: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

CHILD'S PASSPORT NAME	NAME USE	GENDER	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. Contact [executive.assist@fia.edu.ph](mailto:executive.assist@fia.edu.ph) for assistance.*

**APPLYING FOR SCHOOL YEAR:** \_\_\_\_\_ **DATE TODAY:** \_\_\_\_\_

**OTHER INFORMATION** (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:**

ALL STATEMENT ARE SENT VIA EMAIL ON A MONTHLY BASIS. PLEASE MAKE SURE THE OFFICE HAS YOUR UPDATED E-MAIL ADDRESS.

**APPLICATION FEE** (circle your answer):    *enclosed*            *others:* \_\_\_\_\_

**\*EARLY GRADUATION OR WITHDRAWAL ONLY\***

Last day of class: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Signed: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

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

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**FOR OFFICE USE ONLY**

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

OR #: \_\_\_\_\_ Date: \_\_\_\_\_

JV #: \_\_\_\_\_ Date: \_\_\_\_\_

Category: \_\_\_\_\_