

CHRISTIAN FELLOWSHIP ACADEMY

PO Box 5 / 3662 County Rte. 14
Madrid, NY 13660
Ch 315-262-0222 Fax 315-262-0818

APPLICATION FOR ADMISSION

Parent/Student Information

Parent's Names: _____ E-mail: _____

Address: _____ Home Phone: _____

_____ Business/Cell Phone: _____

Father's Education: _____ Mother's Education: _____

Student's name (List oldest first)	Birth date	Grade level

Why do you want to home school your child(ren)? _____

Comments regarding anything we should know about your children (ie. special interests, past behavioral problems, medical conditions, etc.) _____

Have you ever home schooled before? Yes No

If yes, how long? _____

School district in which you live: _____

Personal testimony of your Christian experience:

Father: _____

Mother: _____

What local church do you regularly attend? _____

Is your pastor supportive of your decision to home school through CFA? _____

Do you agree with the CFA Tenet of Faith? _____

If accepted into CFA, would you be interested in helping during our Friday Enrichment Program?
 Yes No Maybe

Do you have any special skill or area of expertise that you would be able to teach during the Friday Enrichment Program? (Please describe) _____

In signing this application, we acknowledge our support of the policies and standards of the CFA home school ministry.

Father's signature

Date

Mother's signature

Date