



CHRISTIAN FELLOWSHIP ACADEMY

PO Box 5 / 3662 County Rte. 14
Madrid, NY 13660

Phone 315-262-0222 Fax 315-322-4758

<http://www.cfconline.org/CFA> cfahomeschooling@gmail.com

APPLICATION FOR ADMISSION

Parent/Student Information

Parents' Names: _____ E-mail: _____

Address: _____ Home Phone: _____

_____ Business/Cell Phone: _____

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

Student's name (List oldest first)	Birthdate	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 Tenets 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