



Folsom Educational Academy  
381 S Lexington Dr. Folsom, CA 95630  
(916) 790 8599

www.feaschool.com

contactfea@gmail.com

## Application for Admission 2019-2020

Submit with \$300 Registration Fee

Grade (circle one): KG, 1, 2, 3, 4, 5, 6

Student Information (Please print clearly)

Student's last name: \_\_\_\_\_ First name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Birth date: \_\_\_\_\_ Age: \_\_\_\_\_  Boy  Girl

Place of birth: \_\_\_\_\_ State/Country of birth: \_\_\_\_\_

Home address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Student lives with

- Parents  Father only  
 Mother only  Other

### Last school attended

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Has student applied/attended FEA before?  Yes  No

Do siblings attend FEA?  Yes  No

**NOTE: If student is not residing with both parents, proof of custody must be submitted at registration time.**

### Father (or guardian) information:

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Middle initial: \_\_\_\_\_

Address (if different from student's): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer's name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer's address: \_\_\_\_\_ Work phone: \_\_\_\_\_

Email: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

### Mother (or guardian) information:

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Middle initial: \_\_\_\_\_

Address (if different from student's): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer's name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer's address: \_\_\_\_\_ Work phone: \_\_\_\_\_

Email: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Signature: \_\_\_\_\_