



FAITH COMMUNITY EDUCATIONAL INSTITUTION

Adult Educational Program
1065 N. Van Dyke Street – Decatur, IL 62522
217/233-7007 or 217/816-5489

Term

A – 20__

B --20__

APPLICATION

INSTRUCTIONS: Fill out this application completely. **Print clearly.** Be sure to sign this application and attach a photo if possible; identification is required prior to acceptance into the program.

Current Date_____

Name_____

Residential Address_____

City_____ State_____ Zip_____ Phone_____

Other Phone_____

Single____ Married____ Divorced____ Birthdate_____

Height_____ Weight_____ (for graduation cap & gown size)

Widow/Widower____(check one) Spouse's Name_____

Number of Dependent Children_____

****Highest grade completed in school**_____ **Date last attended**_____

List any Special Education class taken while in high school (if necessary use the back of this form):_____

Social Security #(last four digits only) _____

E-mail Address_____

Emergency Contact Name and Phone Number_____

Name of church you attend_____

Address_____

Pastor_____

U.S. Constitution taken and passed: Yes___ No___ (Proof must be submitted by first day of class)

Applicant's Signature_____

Deposit of \$75 must be submitted with application; check/money order made payable to **FCEI**
(Faith Community Educational Institute) **Cash will be accepted when registering on site.**
1st tuition payment due the first day of class--\$25 minimum or student will be dropped from class.