



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.**