



FAITH COMMUNITY EDUCATIONAL INSTITUTE

Adult Educational Program
1065 N. Van Dyke
Decatur, IL 62522
217/848-6333 (office)
217/876-9330 (fax)
www.fca-decatur.org

Term A – 20__
Term B - 20__

APPLICATION*

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

Current Date_____

Name_____

Residential Address_____

City_____ State_____ Zip_____ Phone_____

Emergency Name & Phone_____

Employed: Yes___ No___ Name of Company_____

Single___ Married___ Divorced___ Widow/widower___

Your birthdate_____

Height_____ Weight_____ **(needed for graduation cap & gown size)**

Number of dependent children_____

**Highest grade completed in school_____ Date last attended_____

Have you been enrolled in any special education classes: Yes/No (circle one) list any or all on the back of this form

Social Security –last four digits #_____

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 \$125 must be submitted with application; cash/ check/money order/ (payable to FCEI); the registration fee is non-refundable. **Cash only will be accepted when registering on site.**

1st tuition payment of \$25 is due the first day of class--\$25 or student may be dropped from class

Tues evening 5-9 p.m.

Sat. morning 9-12 p.m.

Select only one

