



**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](http://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.**

**1<sup>st</sup> 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**