



FAITH COMMUNITY EDUCATIONAL INSTITUTION
 Adult Educational Program
 1065 N. Van Dyke Street – Decatur, IL 62522
 217/848-6333 –Office 217/876-9330--Fax

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 (print) _____

Residential Address _____

City _____ State _____ Zip _____ Phone _____

Other Phone _____

Your birthdate _____

Single/married/ divorced (circle your answer)

Height _____ Weight _____ (for graduation cap & gown size)

Number of dependent Children _____ and ages _____

Highest grade completed in school _____ Date last attended _____

Have you been enrolled in any special education classes: Yes / No (circle one?) If so list them on the back of form.

Social Security # **(last four digits only)** _____

E-mail Address _____

Employed yes / no Name of Company _____

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 \$225 must be submitted with application; check/money order made payable to **FCEI (Faith Community Educational Institute)** or credit cards are acceptable. **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.**

Tuesday 5-9 p.m. Check your class preference or **Saturday -10a-2 p.m.**