



Faine Academic Success Academy APPLICATION FORM

Please return to your child's teacher by

September 15, 2026.

What is your child's full name? _____
(First, Middle, and Last Name)

What is your child's current grade level (circle one): KDG 1st 2nd 3rd 4th 5th

Date of Birth: _____ Age: _____ Boy Girl (circle one)

Home Address: _____

Parent/Guardian's Name: _____ Relationship: _____

Home Phone # : _____ Work Phone #: _____

Parent/Guardian's Name: _____ Relationship: _____

Home Phone # : _____ Work Phone #: _____

Does your child have medical needs? (circle one): YES NO

If **YES**, please describe: _____

Does your child have special dietary needs? (circle one): YES NO

If **YES**, please describe(include allergies):

Transportation: (Circle one): Bus Carpool Walker

If you circled *BUS*, you must complete the attached *Transportation Form* and return it with this registration form to Faine Elementary School no later than September 15th, 2026. No Transportation Forms will not be accepted after September 15, 2026.

By signing this form, you acknowledge that you are registering this child for the Faine Elementary Saturday School. Along with the Parent/Guardian name(s) above, I also give permission for the following individuals to drop off and pick up my child from this program:

Name: _____ Relationship: _____

Name: _____ **Relationship:** _____

Parent/Guardian's Signature _____ **Date:** _____