



APPLICATION FOR ENROLLMENT

Franklin Road Christian School

3124 Franklin Road
 Murfreesboro, TN 37128
 615-890-0894
 www.frcsminutemen.com

_____/_____/_____
 DATE SUBMITTED

PLEASE COMPLETE FORM IN ITS ENTIRETY.

* WERE YOU REFERRED TO FRCS? IF SO, BY WHOM? _____

STUDENT ONE (oldest child)	_____ Last Name	_____ First Name	_____ Middle Name	_____ Goes By
	_____ Home Phone	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
	_____ Parent(s) With Whom Student Lives			_____ Grade Entering
	_____ Street Address	_____ City	_____ State	_____ Zip Code
			_____ County	
	_____ School Last Attended	_____/_____/_____ Student's Birthdate		
	_____ Race	_____ Church / Pastor's Name		

STUDENT TWO	_____ Last Name	_____ First Name	_____ Middle Name	_____ Goes By
	_____ Home Phone	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
	_____ Parent(s) With Whom Student Lives			_____ Grade Entering
	_____ Street Address	_____ City	_____ State	_____ Zip Code
			_____ County	
	_____ School Last Attended	_____/_____/_____ Student's Birthdate		
	_____ Race	_____ Church / Pastor's Name		

STUDENT THREE	_____ Last Name	_____ First Name	_____ Middle Name	_____ Goes By
	_____ Home Phone	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
	_____ Parent(s) With Whom Student Lives			_____ Grade Entering
	_____ Street Address	_____ City	_____ State	_____ Zip Code
			_____ County	
	_____ School Last Attended	_____/_____/_____ Student's Birthdate		
	_____ Race	_____ Church / Pastor's Name		

PARENT ONE

FATHER MOTHER STEP-FATHER STEP-MOTHER _____
OTHER (PLEASE SPECIFY)

Last Name _____ First Name _____ Mid. Init. _____ Goes By _____

Mailing Address _____ City _____ State _____ County _____ Zip Code _____

Street Address (If Different) _____ City _____ State _____ County _____ Zip Code _____

(_____) _____ (_____) _____ FRCS Alumni Graduation Year _____

Home Phone _____ Cell Phone _____

Parental Status: Single Married Divorced Widowed

Email Address _____

Employer _____ (_____) _____ Occupation _____

Work Phone _____

Church _____ Pastor _____

PARENT TWO

FATHER MOTHER STEP-FATHER STEP-MOTHER _____
OTHER (PLEASE SPECIFY)

Last Name _____ First Name _____ Mid. Init. _____ Goes By _____

Mailing Address _____ City _____ State _____ County _____ Zip Code _____

Street Address (If Different) _____ City _____ State _____ County _____ Zip Code _____

(_____) _____ (_____) _____ FRCS Alumni Graduation Year _____

Home Phone _____ Cell Phone _____

Parental Status: Single Married Divorced Widowed

Email Address _____

Employer _____ (_____) _____ Occupation _____

Work Phone _____

Church _____ Pastor _____

FINANCIAL

PLEASE INDICATE THE PERSON PARENT ONE PARENT TWO _____
FINANCIALLY RESPONSIBLE : OTHER (Please specify)

Last Name _____ First Name _____ Mid. Init. _____

Street Address (If Different from Above) _____ City _____ State _____ Zip Code _____

(_____) _____ (_____) _____ (_____) _____

Home Phone _____ Cell Phone _____ Alternate _____

Payment in full for tuition may be made directly to the school office by the first day of school. All monthly tuition payments are handled through the FACTS Tuition Management Company with the options of automatic bank payment from checking/savings account or payment by credit card. Please indicate your payment option for the upcoming school year.

PAYMENT OPTIONS: Payment In Full Automatic Bank Payment Credit Card

PAYMENT DATE	
<input type="checkbox"/> 5th	<input type="checkbox"/> 20th

PAYMENT PLANS (K-12): 10 Month Plan (August - May) 12 Month Plan (July - June)

PRESCHOOL: 10 Month Plan (July 20 -April 20) 10 Month Plan (Aug 5 - May 5)
(Automatic and Credit Card Payments Only)

By signing below, I am assuming all financial responsibility for all tuition, fees, and penalties assessed by Franklin Road Christian School, as stated in the Financial Information, Section 28, of the FRCS Handbook. I also understand registration fees are non-refundable.

Signature _____ Date _____