



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.

STUDENT ONE
(oldest child)

Last Name

First Name

Middle Name

Goes By

Male Female

Home Phone

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

Male Female

Home Phone

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

Male Female

Home Phone

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

Email Address Parental Status: Single Married Divorced Widowed

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

Email Address Parental Status: Single Married Divorced Widowed

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 September 1. 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

5th 20th

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