



FULL CIRCLE ACADEMY
P: 701-478-0221
F: 701-478-0222

4725 AMBER VALLEY PARKWAY, SUITE B,
FARGO, ND 58104

Full Circle Academy Student Application Form

Date of Application:

Student Information			
Student's Legal Name	First:	Middle:	Last:
Date of Birth:	Enrollment Grade: K 1 2 3 4 5		Sibling Currently Enrolled: Yes <input type="checkbox"/> No <input type="checkbox"/>
Address:			
City:	State:	Zip:	

Family Information			
Parent/Guardian 1: Legal Guardian: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Legal Name	First:	Middle:	Last:
Email:	Cell phone:	Relationship to student:	
Address (if different from student):			
City:	State:	Zip:	
Legal Name	First:	Middle:	Last:

Parent/Guardian 2: Legal Guardian: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Email:	Cell phone:	Relationship to student:	
Address (if different from student):			
City:	State:	Zip:	

Submission of this application does not guarantee acceptance of the student to Full Circle Academy (FCA). Upon receiving this application, FCA staff will contact regarding next steps for the enrollment process.

I understand the above information and have provided all necessary information included on this document.

X

Parent/Guardian1

Date

X

Parent/Guardian2

Date

Please email the completed application to info@fcacademy.org , fax to 701-238-0222, or mail to 4725 Amber Valley Parkway S, Suite B, Fargo, ND 58104.

Office use only
Date application received:
Received and entered by: