

FUQUA SCHOOL

P.O. Drawer 328
605 Fuqua Drive
Farmville, Virginia 23901
(434)392-4131 (800) 214-3460



APPLICATION FOR ADMISSION

Academic Year 2009-2010

Applying for Grade _____

Note: If applying for the Fuqua School Early Learning Center (FSELCE), please indicate schedule preference below.
The half-day program runs from 8:30 A.M. - 12:00 P.M. and includes lunch; full day hours are 8:30 A.M. - 2:52 P.M.

____ 5 full days
____ 5 half -days

____ 3 full days (M-W-F only)
____ 3 half- days (M-W-F only)

____ 2 full days (T-Th only)
____ 2 half- days (T-Th only)

APPLICANT INFORMATION

Last Name		First	Middle	Preferred Name	
Address		City	State	Zip	County
Home Telephone	Date of Birth	Sex	Age	Social Security Number	
Last School Attended	Address	City	State	Zip	
Principal's/ Dean's Name			School Telephone		

FAMILY INFORMATION

Father or Guardian:

Name

Home Address (if different from applicant)

City State Zip County

Home Telephone

Occupation and Employer

Business Address

City State Zip

Business Telephone Mobile Telephone Pager

Mother or Guardian:

Name

Home Address (if different from applicant)

City State Zip County

Home Telephone

Occupation and Employer

Business Address

City State Zip

Business Telephone Mobile Telephone Pager

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