



NON-DISCRIMINATION POLICY:

Christian Faith Center Academy of Christian Faith Center of Creedmoor Incorporated admits students of any race, color, national and ethnic origin to all rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in the administration of its educational policies, admissions policies, athletic programs and other school-administrated programs.

CONTACT INFORMATION:

101 South Peachtree Street
 P.O. Box 510
 Creedmoor, NC 27522
OFFICE: (919) 528-1581 ext. 112
FAX: (919) 528-4380
WEBSITE: www.cfcacademy.com
EMAIL: office2@cfcacademy.com

This form is only for purposes of beginning the application and screening process. The fee is non-refundable.
 In the event your child is accepted, the \$20.00 application fee will be credited towards your registration fee.

STUDENT INFORMATION:

Last Name:		First Name:		Middle Name:	
Home Address:			Home Telephone Number:		Email Address:
City:		State:	Zip Code:		County:
Student Social Security Number: ____-____-____		Student Birthdate: / /		Gender (Male or Female):	Age on Sept. 1:
Name of Present or Last School Attended:			School Address:		
City:		State:	Zip Code:		County:
Current Grade Level:		Has your child ever repeated a grade? Yes <input type="checkbox"/> No <input type="checkbox"/>		If so, which one?	Year of Grade Repeated:
Has your student been diagnosed with autism, dyslexia, ADD, or ADHD? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, please explain:			
Has your student ever been referred for testing or placed in a special program? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, please explain:			



FAMILY INFORMATION

FATHER'S/GUARDIAN'S INFORMATION: STUDENT LIVES WITH:
BOTH PARENTS FATHER GUARDIAN

Last Name:	First Name:	MI:	Employer's Name:
Work Phone:	Cell Phone:	Email:	

MOTHER'S/GUARDIAN'S INFORMATION: STUDENT LIVES WITH:
BOTH PARENTS MOTHER GUARDIAN

Last Name:	First Name:	MI:	Employer's Name:
Work Phone:	Cell Phone:	Email:	

PERSON RESPONSIBLE FOR PAYING STUDENT'S TUITION:

Last Name:	First Name:	Relationship to Student:
Address:		
City:	State:	Zip Code:

SIBLINGS ALSO ATTENDING CFC ACADEMY:

Last Name:	First Name:	Grade:	Last Name:	First Name:	Grade:
Last Name:	First Name:	Grade:	Last Name:	First Name:	Grade:

Is bus/van transportation needed? Yes No If so, what area:

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