FAITH COMMUNITY EDUCATIONAL INSTITUTION
Adult Educational Program
1065 N. Van Dyke Street – Decatur, IL 62522
217/848-6333 –Office 217/876-9330--Fax

Term
A – 20__
B --20__

APPLICATION

INSTRUCTIONS: Fill out this application completely. **Print clearly**. Be sure to sign this application and attach a photo if possible; identification is required prior to acceptance into the program.

Current Date_____

Name (print) _____

Residential Address_____

City_____State____Zip_____Phone_____

Other Phone_____

Your birthdate_____

Single/married/ divorced (circle your answer)

Height_____Weight_____ (for graduation cap & gown size)

Number of dependent Children_____ and ages_____

Highest grade completed in school_____ Date last attended_____

Have you been enrolled in any special education classes: Yes / No (circle one?) If so list them on the back of form.

Social Security # (**last four digits only**) _____

E-mail Address_____

Employed yes / no Name of Company_____

Emergency Contact Name and Phone Number_____

Name of church you attend_____

Address_____

Pastor_____

U.S. Constitution taken and passed: Yes No (Proof must be submitted by first day of class)

Applicant's Signature_____

Deposit of $200 must be submitted with application; check/money order made payable to **FCEI**
(**Faith Community Educational Institute) or** credit cards are acceptable**. Cash will be accepted when registering on site.**
1st tuition payment due the first day of class--$25 minimum or student will be dropped from class.

Check your class preference

☐ **Tuesday 5-9 p.m.** **or** ☐ **Saturday 9-1 p.m.**