



FURLOW CHARTER SCHOOL

2019-2020 STUDENT APPLICATION

Student Information

Name _____ Date of Birth _____
Last First Middle

Address _____
House Number and Street City State Zip Code

Current Grade _____ (mark N/A if not in school) Grade Applying For _____

Parent/Guardian Information

Name _____ Phone _____

E-mail _____ Relation to Child _____

Additional Information

Does the applicant have a brother or sister currently enrolled at FCS? Yes No

If yes, name of brother/sister _____

Does the applicant have a sibling applying to FCS on a separate application? Yes No

If yes, name of brother/sister _____

Is the applicant the child of an FCS Board Member or staff member of the school? Yes No

If yes, name of FCS Board Member or staff member _____

I affirm that the information contained in this application is, to my knowledge, completely true.

Parent/Guardian Signature _____ Date _____

Please return completed application, no later than February 14th, 2019 to

Furlow Charter School
Student Admissions
63 Valley Drive
Americus, GA 31709

SCHOOL USE ONLY

Date Received

By