



# Christian Institute of Arts & Sciences

2007 North 61<sup>st</sup> Avenue \* Pensacola, FL 32506 \* Fax 850-458-5132 \* Phone 850-457-4058



## 2013-2014 Family Information Form

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Marital Status (please circle one):      Single      Married      Widowed      Divorced

*If divorced:*

Step-Mother's Name \_\_\_\_\_ Step-Father's Name \_\_\_\_\_

Residence Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

County of residence \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Work Phone (\_\_\_\_\_) \_\_\_\_\_ Fax Number (\_\_\_\_\_) \_\_\_\_\_

Email address \_\_\_\_\_ When is the best time to contact you? AM  PM

Please list all children living at home:

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Father's Occupation \_\_\_\_\_ Place of employment \_\_\_\_\_

Is Mother working outside the home? Yes  No  If yes, how many hours per day? \_\_\_\_\_

Place of employment \_\_\_\_\_

Father's Skills \_\_\_\_\_  
(educational abilities, talents, hobbies, interests)

Mother's Skills \_\_\_\_\_  
(educational abilities, talents, hobbies, interests)

Are you a Christian family? Yes  No  Fellowship or church attending \_\_\_\_\_

Attend regularly? Yes  No  How long in attendance? \_\_\_\_\_

Is pastor supportive of home education? Yes  No

Family Doctor's Name and telephone number \_\_\_\_\_

Have you taught your children at home before? Yes  No

When? \_\_\_\_\_

Where? \_\_\_\_\_

Child(ren)'s home education will be under the supervision of: (circle one)

Both parents      Father primarily      Mother primarily      Guardian

Other (Please specify) \_\_\_\_\_

Are any of the students from a previous marriage? Yes  No

If Yes, complete the following:

Is the other parent or guardian living in Florida? Yes  No

What are the custodial arrangements? \_\_\_\_\_

Is the other parent or guardian supportive of the decision to home educate? Yes  No

If No, please explain \_\_\_\_\_

Have you ever been contacted by the state Department of Children & Families? Yes  No

If Yes, please explain \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Briefly state your reasons for choosing home education for your child(ren). List any information that would help us understand your family situation, such as learning difficulties, skipped or repeated grades, special interests, abilities, family situation, or religious reasons.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list family businesses, hobbies, or other items of interest:

\_\_\_\_\_  
\_\_\_\_\_

How did you learn about CIAS? A Friend  Name: \_\_\_\_\_ CIAS Website

Facebook  Advertisement  Internet Search  Website: \_\_\_\_\_