



**FAITH COMMUNITY EDUCATIONAL INSTITUTION
Adult Education**

1065 N. Van Dyke Street – Decatur, IL 62522 (Business Office)
217/848-6333 –Office 217/876-9330—Fax
Decatur Township Building - 1620 S. Taylorville Rd. - Decatur, IL 62521 (Classes held)

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 \$225 must be submitted with application, other required forms and other required cash, check, or /money order made payable to (**FCEI**) **Faith Community Educational Institute. Only money order or check should be sent by mail.**

Check your class preference

Thursday p.m. 5 - 9 p.m.

or

Saturday 10 a.m. - 2 p.m.