

American Christian Academy Extension Campus

Status: New/Returning
School Year: ____/____

Registration Form

PLEASE SEND TWO (2) COPIES OF COMPLETED REGISTRATION PACKET TO COORDINATOR

Today's Full Date _____	Phone(____) _____
Father's Name _____	E-mail _____
Driver's License # _____	Mailing Address _____
Occupation _____	City/State/Zip _____
Mother's Name _____	County _____
Driver's License # _____	Church _____
Occupation _____	Are you a member of HSLDA? _____
Marital Status: M _____ S _____ W _____ D _____	

Students To Be Enrolled In ACAEC Program:

<u>Full Legal Name</u> <i>(include any other name which may be on your child's CUM file)</i>	<u>Grade</u>	<u>Age</u>	<u>Date of Birth</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

* * * * * For Coordinator Use Only * * * * *

CUM FILES: Sent For _____ Received by office _____ Started for K/1st grade student _____

REGISTRATION: Registration Page ____ Contract ____ Faith ____ Course/Study ____ Training ____ Philosophy ____

FEES: Paid in Full-\$ _____ Work Exchange-\$ _____ Payments-\$ _____ \$, _____ \$, _____

Finance Fee _____ Late Payment _____ Diploma Cover _____