

AMERICAN CHRISTIAN ACADEMY EXTENSION CAMPUS

Registration



Form

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

Today's Full Date: (\_\_\_\_/\_\_\_\_/\_\_\_\_)  
Father's Name: \_\_\_\_\_  
Driver's License # \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Mother's Name: \_\_\_\_\_  
Driver's License # \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Marital Status: M \_\_\_\_ S \_\_\_\_ W \_\_\_\_ D \_\_\_\_

Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_  
E-Mail: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
County: \_\_\_\_\_  
Church: \_\_\_\_\_  
Are you a member of HSLDA? \_\_\_\_\_

**STUDENTS TO BE ENROLLED IN ACAEC PROGRAM:**

<u>Full Legal Name-</u> (Include any other name which may be on your child's CUM file)	<u>Grade</u>	<u>Age</u>	<u>D.O.B.</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
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_____	_____	_____	_____
_____	_____	_____	_____

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CUM FILES: SENT FOR \_\_\_\_\_ RECEIVED BY OFFICE \_\_\_\_\_ STARTED FOR 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 \_\_\_\_\_  
FULFILLMENT OF CONTRACT: QTR. MTGS: \_\_, \_\_, \_\_ REPORT CARDS: \_\_ ATTENDANCE SHEETS: \_\_ JOURNALS: \_\_