



# CLASSES REGISTRATION FORM

Traditional

Classical

Date: \_\_\_\_\_

Semester: \_\_\_\_\_ First \_\_\_\_\_ Second

Family Name: \_\_\_\_\_ Enrolled in ACS: \_\_\_\_\_ Yes \_\_\_\_\_ No Must complete Liability Release

Parents: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_ Home Church: \_\_\_\_\_

HSLDA Membership #: \_\_\_\_\_

PSP: \_\_\_\_\_

Name <small>(Give last name if different from parent)</small>	Sex	Grade	DOB	Class	Price
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Non-ACS Family Registration Fee: \$75

Class fees are per semester and non-refundable after the second week of class.

**Students may be placed on academic hold for late or non-payment of fees.**

Office Use Only:

Total Class Fees: \_\_\_\_\_ Teacher Discount: \_\_\_\_\_ QB: \_\_\_\_\_

Upon Registration (20%): \_\_\_\_\_ Check #: \_\_\_\_\_ Late Fee (\$15 per class): \_\_\_\_\_

Aug/Jan (40%): \_\_\_\_\_ Check #: \_\_\_\_\_ Late Fee (\$15 per class): \_\_\_\_\_

Sep/Feb (40%): \_\_\_\_\_ Check #: \_\_\_\_\_ Late Fee (\$15 per class): \_\_\_\_\_

Dropped Date: \_\_\_\_\_ Reason: \_\_\_\_\_ Initial: \_\_\_\_\_