



NEW REGISTRATION APPLICATION 2019-2020

Family Name: _____ Today's Date: _____

Husband: _____ First Wife: _____ First

Did your address change? _____ No _____ Yes *(If yes, please fill out new address info)*

Address: _____ City: _____ Zip Code: _____

Home Phone: _____ Cell: _____

Email: _____

HSLDA Membership #: _____ HSLDA Anniversary: _____

Home Church: _____

Children's Information: Please list all children in family.

Name <small>(Give last name if different from parent)</small>	Sex	Grade	DOB	Enrolling in ACS? <small>(If not, please list school)</small>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

- Check here if enrolling your kindergarten or 1st grade student in school for the first time. Please submit your student's immunization records by 9/1.
- Check here if you are transferring a student from another school. Please submit high school transcripts for student's in grades 10-12. Enrollment of 12th grade students are subject to approval and may incur additional fees.

We will assume that you are the natural parents of all children listed, and that both parents are living in the home with the children, unless you tell us otherwise. If your situation is different, please explain on a separate sheet of paper. Adoptive parents are legally equivalent to natural parents. Guardians, send copies of court documents granting guardianship.

References: 1. _____ Phone: _____
 2. _____ Phone: _____

Registration fee must be submitted with application. The school reserves the right to refuse applications. Receipt of application and payment does not ensure acceptance. Acceptance into Allegiant Christian School shall begin when application has been reviewed and one or more of the school staff meets personally with your family. All registrations are non-refundable after ac-

Registration = _____
 Tuition (19/20) = _____ \$500.00
 September Monthly Tuition = _____ \$50.00
 Other = _____
 Total Paid = _____

Office use only
 Date R'cvd _____ Amt _____ Cash _____
 Check # _____ Initial _____