

Family Name: _____

NEW REGISTRATION APPLICATION 2023-2024

Today's Date: _____

Husband:	Wife:	First
Did your address change? No		
Address:	City:	Zip Code:
Home Phone:	Cell:	
Email:		
HSLDA Membership #:	HSLDA Anniversary:	
Home Church:	<u></u>	
Children's Information: Please list all children in family.		
(Give last name if different from parent)	c Grade DOB	Enrolling in ACS? (If not, please list school)
Check here if enrolling your kindergarten or 1 immunization records by 9/1.	st grade student in school fo	or the first time. Please submit your student's
Check here if you are transferring a student frigrades 10-12. Enrollment of 12th grade stude		·
We will assume that you are the natural parents of all dren, unless you tell us otherwise. If your situation is are legally equivalent to natural parents. Guardians, s	different, please explain on	a separate sheet of paper. Adoptive parents
References: 1	_	Phone:
2		Phone:
Registration fee must be submitted with application. and payment does not ensure acceptance. Acceptance viewed and one or more of the school staff meets per	e into Allegiant Christian Šch	nool shall begin when application has been re-
	Registration =	1500.00
Office use only Date R'oud Amt Cash	I uition (23/24) = _ September Monthly	\$500.00 y Tuition = _\$50.00
Office use only Date R'cvd AmtCash Check # Initial	Other =	