

## NEW REGISTRATION APPLICATION 2024-2025

Family Name:  Husband:						
						Did your address change? No
Address:			_ City:Zip Code:			
Home Phone:			_ Cell:			
Email	:					
HSLDA Membership #:						
	e Church:					
	Children's	Informa	ation: Ple	ease list all child	dren in family.	
	Name (Give last name if different from parent)	Sex	Grade	DOB	Enrolling in ACS? (If not, please list school)	
-					-	
1						
		_		<u> </u>		
		-		-	<del>-</del> -	
					for the first time. Please submit your student's	
	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.					
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dren, u	ll assume that you are the natural parent unless you tell us otherwise. If your situa pally equivalent to natural parents. Guard	ation is d	ifferent, p	lease explain o	oth parents are living in the home with the chil- n a separate sheet of paper. Adoptive parents nents granting guardianship.	
References: 1.					Phone:	
	2				Phone:	
and pa	eyment does not ensure acceptance. Acc	eptance	into Alleai	ant Christian S	tht to refuse applications. Receipt of application chool shall begin when application has been re- all registrations are non-refundable after ac-	
			Registr	ation =	±======	
Office use only				Registration = Tuition (24/25) =\$500.00 September Monthly Tuition = _\$50.00		
Check # Initial			Other =			
			rotal P	aid =		