



**Highland
Christian
Academy**

REGISTRATION FORM

Approved: _____

Signature: _____

Date: _____

ALL FEES ARE NONREFUNDABLE

Date Rec'd _____ INT's _____
Ck # _____ Amt _____

INFORMATION CONCERNING THE STUDENT:

Last Name: _____ First Name _____

Current Address: _____

City: _____ State _____ Zip Code: _____

Social Security Number _____ - _____ - _____

Gender ___ Male ___ Female Date of Birth: Year _____ Month _____ Day _____

Circle grade registering for: K5 1 2 3 4 5 6 7 8 9 10 11 12

Name of Parents, Guardian: _____

Home Phone Number (_____) _____ - _____ Work Phone Number (_____) _____ - _____

E-Mail Address's _____ & _____

EMERGENCY INFORMATION

Responsible adult to contact if parents can't be reached:

Name _____ Phone number _____

Person responsible for paying tuition: Name _____

Address _____ City _____ State _____ Zip Code _____

Parent Signatures: Father: _____ Mother: _____

I agree that the continued enrollment of my child in this school is dependent on my parental support of the School, its staff, and its policies.



Highland Christian Academy has a racially nondiscriminatory policy and, therefore, shall not discriminate against members, applicants, students, and others on the basis of race, color, national or ethnic origin. Highland Christian Academy reserves the right to make changes as necessary. Current tuition and current salaries require a designated number of students be enrolled in a class for fiscal viability. If enrollment is less than this amount, it may become necessary to dissolve or combine some classes.

