

# Aletheia Christian Academy

1700 Woodchuck Avenue ~ Pensacola, FL 32504  
(850) 969-0088 ~ fax (850) 969-0906

## 2010-2011 Registration Form

Name of Children \_\_\_\_\_ Grade \_\_\_\_\_  
to be enrolled \_\_\_\_\_  
(oldest to youngest) \_\_\_\_\_ Grade \_\_\_\_\_  
\_\_\_\_\_ Grade \_\_\_\_\_  
\_\_\_\_\_ Grade \_\_\_\_\_

If your child is entering K4 or K5, will they be (please mark): \_\_\_\_\_ half day \_\_\_\_\_ whole day

Parents (father) \_\_\_\_\_ Wk Phone \_\_\_\_\_  
(father email address): \_\_\_\_\_

(mother) \_\_\_\_\_ Wk Phone \_\_\_\_\_  
(mother email address): \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_ Hm Phone \_\_\_\_\_

Church Affiliation \_\_\_\_\_

Members? \_\_\_\_\_

Pastor's Name \_\_\_\_\_

Please return this form with the registration fee of \$175.00 per student enrolled. Please realize that this form does not guarantee enrollment at Aletheia Christian Academy. It does not reserve a position in the desired class if conduct and academic standards are not met. If you are registering a child who has not attended Aletheia in the past school year, a parent questionnaire is required along with school records and a student interview. A student questionnaire is also required if the student is entering grades 7-12.

Father's Signature \_\_\_\_\_ Date \_\_\_\_\_

Mother's Signature \_\_\_\_\_ Date \_\_\_\_\_

DATE APPLICATION RECEIVED \_\_\_\_\_ REGISTRATION FEE RECEIVED \_\_\_\_\_ CHECK # \_\_\_\_\_  
1/8/10