

ADVENTIST CHRISTIAN ELEMENTARY

New Student Pre-registration

School Year: _____

I am planning on the following child/ren attending Adventist Christian Elementary for the next school year.

Please include a \$50 registration deposit.

Child/ren's names	Grade entering	Gender	Date of Birth

Address

Telephone Number

City

State

Zip Code

Cell phone #

Email

SIGNATURE OF AGREEMENT:

___ I am planning to enroll the child/ren listed above for the _____ school year.

I wish to enroll my child/ren for the following reasons:

My child/ren were previously enrolled _____

School's phone number: _____

Signature of Parent/Guardian

Date