

CHRISTIAN LIFE ACADEMY

P.O. Box 207 Seneca, PA 16346
814-676-9360 Fax: 814-676-2908

Date Rec. _____

App Fee _____

RE-ENROLLMENT APPLICATION

This application must be filled out completely and returned to the school, accompanied by the application fee of \$35 per student.
After the early registration date expires, the regular registration fee of \$75 will be required.

STUDENT INFORMATION School District _____ Year: _____

Student #1 Full (legal) Name: _____ Grade Entering: _____ Birth Date: _____

Student #2 Full (legal) Name: _____ Grade Entering: _____ Birth Date: _____

Student #3 Full (legal) Name: _____ Grade Entering: _____ Birth Date: _____

Student #4 Full (legal) Name: _____ Grade Entering: _____ Birth Date: _____

Home Address: _____ City: _____ Zip: _____

Describe any unusual issues in this student's life that have taken place in the past year. (For example: separation or divorce, death in the family, adoption, etc.): _____

Explain your reasons for wanting to have your child(ren) attend Christian Life Academy: _____

FAMILY INFORMATION

Father's Name: _____ Employment: _____ Cell: _____ Email: _____

Mother's Name: _____ Employment: _____ Cell: _____ Email: _____

List any person that your child should not leave school with: _____

CHURCH AFFILIATION _____ Pastor: _____

Attendance: Regular ___ (45 wks.+) Frequent ___ (20-44 wks.) Seldom ___ (less than 20 wks.)

Father's Testimony : _____

Mother's Testimony: _____

TUITION PAYMENT PLAN - See tuition brochure Plan A ___ Plan B ___ Plan C ___ Plan C-12 ___

Signature of Parents _____ **Date:** _____

_____ **Date:** _____