

# CHRISTIAN LIFE ACADEMY

3973 State Route 257, Suite #1 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:** \_\_\_\_\_