

RE-REGISTRATION FORM

FAITH ACADEMY

PO BOX 910 / 232 Bret Harte Road
Lake Arrowhead, CA 92352
909. 337.9341
FAX: 909.337.6169



Date: _____ School Year: _____

Student's Name: _____

Parent Teacher's Name: _____

Address (physical): _____

Address (mailing): _____

City: _____ Zip: _____

Phone (home): _____ (work): _____

FAX: _____ E-mail: _____

Grade in Sept.: _____ Birth Date: _____ Age: _____ M/F: _____

Early Re-Registration Fee - before July 31 -
is \$15 per family.

After July 31, Re-Registration Fee is \$25 per family.

Please include the FEE with this FORM and return ASAP!

**A course of study form will be
mailed upon receiving this form.**