

FAITH ACADEMY

Post Office Box 910
232 Bret Harte Road
Lake Arrowhead, CA 92352
(909) 337-9341



REGISTRATION APPLICATION
(One per family. Please print in ink.)

Date of Application _____ For School Year _____

Family Name _____
Last Husband's Legal First Name Wife's Legal First Name

Home Address _____
Street City State Zip

Mailing Address (if different) _____

Telephone Number: Home (_____) _____ Work (_____) _____

E-Mail _____ Fax (_____) _____

Referred to school by _____

Name of Church _____ Attend regularly? _____

Address _____

CHILDREN INFORMATION (Please list ALL children living in home)

First, Middle, Last Names	Sex	Birthdate	Age	Grade	Enrolling in Faith Academy?
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Registration Fees - See Financial Information flyer for fee schedule.

Number of students _____	Registration Deposit	=	_____
	Balance of Registration	=	_____
	First Month's Tuition	=	_____
	Book Order	=	_____
	Answer Key Order	=	_____
	Balance Due	=	_____

PLEASE COMPLETE THE REMAINING THREE PAGES OF THIS APPLICATION, SIGN LAST PAGE, ENCLOSE NON-REFUNDABLE REGISTRATION FEE AND MAIL TO:

Faith Academy
P.O. Box 910 • 232 Bret Harte Rd. • Lake Arrowhead, CA 92352
Fax (909) 337-6169

Incomplete applications will be returned.