PROVIDENCE ACADEMY GRADES K-12 ENROLLMENT APPLICATION
ACADEMIC YEAR 2018-2019

Please return this enrollment application along with the non-refundable fee of $150 per family by Monday, February 5, 2018.

Student Information (Please Print)

Last Name	First Name	Middle Initial	Male/Female	Grade in 2018-2019	Date of Birth Mo/Day/Year

Parent Information (Please Print)

Father's Name
Mr./Dr. _____

Address: _____

City/State/Zip: _____

Phone: _____

Cell Phone: _____

E-Mail Address: _____

Religion/Church: _____

Mother's Name
Mrs./Ms./Dr. _____

Address: _____

City/State/Zip: _____

Phone: _____

Cell Phone: _____

E-Mail Address: _____

Religion/Church: _____

Registration Agreement
We, the undersigned, upon acceptance of this application, agree to the process of application set forth by Providence Academy. We acknowledge that Providence Academy reserves the right to cancel this application at any time. Furthermore, we vouch for the accuracy and completeness of all our information provided here and throughout the enrollment process required for admittance into Providence Academy.

Father's
Signature_____ Date: _____   Mother's
Signature: _____ Date: _____