

House of the Lord Christian Academy

Homeschool Program

Registration

Parent/Guardian Name _____

Address _____

City _____ State _____ Zip _____

Telephone: () _____ E-Mail _____

FAX: () _____

Home Church _____ Telephone: () _____

Pastor's Name: _____

Reference Name _____ Phone # _____

1. RE-ENROLLMENT

I wish to re-enroll my child/children at HLCA

Child's Name	Entering Grade	Age	Birthday
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

2. NEW ENROLLMENT

This application does not automatically mean acceptance. HLCA is looking forward to meeting with you and the student. The registration fee is not due until acceptance is confirmed.

For further questions, call Mrs. Liberty Williams, Principal, at (208) 437-2184.

I wish to make application for enrollment of my child/ren

1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

Parent/Guardian signatures: _____ Date _____