

Ambassador Christian Academy

700 Main Street
Toms River, NJ 08753
aca4@hotmail.com
732-341-0860

STUDENT RE-REGISTRATION APPLICATION

Name of Student (s): _____ DOB: _____ Grade '2010-11': _____

FAMILY INFORMATION:

Father's Name: _____

Mother's Name: _____

Marital Status: Married Separated Divorced Widowed

Legal Guardian: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

E-mail Address: _____

Phone # Home: _____ Cell: _____ Work: _____

PREFERRED PAYMENT PLAN (please check)

- 1 payment
- Re-enrolled FACTS automatic account debit 10 months 12 months
- New FACTS automatic account debit 10 months 12 months
- FACTS credit card payment 10 months 12 months

Person responsible for tuition payment: _____

Print name Signature

Social Security #: _____ Relationship to student: _____

CHURCH INFORMATION:

Home Church: _____ Attendance: Regular Sporadic Seldom
(if none, please indicate)

OFFICE USE ONLY

Registration Fee Enclosed _____ cash check # _____ Date: _____

(\$125 per student)

School communications and student report cards will be sent to the parent/guardian listed with whom student resides. If school information needs to be sent to an additional person and address, please indicate below:

Send additional school reports to: _____

Address: _____

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Phone number for Emergency call system (1-411-411-4111). All phone numbers listed will be called and recalled until message is verbally answered (3 maximum):

I have received a Parent Handbook and agree to abide by the policies of Ambassador Christian Academy.

Name

Signature

Date