

Grace Academy 2024-2025 Registration Form

Student Name		Grade Fall 2024	
(Legal Name)	First Middle Last		
Address		Student Age	
City, State, Zip		Date of Birth	
Home Phone		Gender	
Student E-mail		Student Cell	

Mother's Name	Father's Name
Address	Address
City, State, Zip	City, State, Zip
Employer	Employer
Work #	Work #
Cell #	Cell #
E-mail	E-mail

Days	Period	Class Name and Level
Mon/Wed	1 st	
	2 nd	
	3 rd	
	4 th	
	5 th	
Tues/Thurs	1 st	
	2 nd	
	3 rd	
	4 th	
	5 th	
Online Session 1		
Online Session 2		
Sport		

Office code: _____ Approval: _____