

# REGISTRATION APPLICATION

Application Date: \_\_\_\_\_



Family Name:

Home Address:

Email Addresses:

Telephone Number (Home #):

(Cell #):

(Work #):

Referred to school by:

Name of Church:

## STUDENT (S) INFORMATION (those that will be attending our school)

First and Last Name	Sex	Birth date	Age	Grade

## SIBLING INFORMATION (all other children at home – NOT attending Christian Life Academy)

First and Last Name	Sex	Birth date	Age	Grade	School Attending

**REGISTRATION FEE:** For nearly all students from K-12<sup>th</sup> (except Home Schoolers), the one time yearly fee is \$300. For Home School students that are taking just one or two classes, our one time registration fee is \$30. These fees cover the cost of books and copying for the entire year. Please send or drop off this completed application, the medical information cards, the request for cumulative records and your registration fee to us at:

**Christian Life Academy  
1301 Coloma Way  
Roseville, CA 95661  
(916) 956-4662**