

House of the Lord Christian Academy

Homeschool Satellite Program

Registration

Parent/Guardian Name _____

Address _____

City _____ State _____ Zip _____

Telephone: () _____ E-Mail _____

FAX: () _____

Home Church _____ Telephone: () _____

Pastor's Name: _____

Referral _____

RE-ENROLLMENT

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

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

NEW ENROLLMENT

This application does not automatically mean acceptance. HLCA is looking forward to meetin with you and the student, for this is the first step. The registration fee is not due until acceptance is confirmed.

For further questions, call Mrs. Candy Craddick, Principal, at (208) 437-2184.

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

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

Parent/Guardian signatures: _____ Date _____

*This Christian ministry does not discriminate on the basis of race, color, or national or ethnic origin in the administration of its educational policies, scholarship programs, and athletic, or other school-administered programs.