

House of the Lord Christian Academy

www.hlacaschool.com
hlcashool@gmail.com
754 Silver Birch Ln., Oldtown, ID 83822
208-437-2184 FAX 208-437-0441

Parent/Guardian
check selected intended tuition payment plan

Full (due the end of August) _____
1/2 & 1/2 w/FACTS _____
Monthly w/FACTS _____
Paid Registration _____
Paid Building Fee _____

REGISTRATION MONEY IS DUE AT TIME OF REGISTRATION
NEW FAMILIES PAY AT THE TIME OF ACCEPTANCE

REGISTRATION FORM
2019 — 2020 School Year

PARENT'S NAME _____

Mailing Address _____ TELEPHONE _____

CITY _____ STATE _____

Email _____

HOME CHURCH _____

PASTOR'S NAME _____ TELEPHONE _____

*PERSONAL REFERENCE _____ PHONE # _____
(Pastor, Teacher, Administrator, Counsellor, etc.)

Enrollment

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

CHILD'S NAME	ENTERING GRADE	AGE	BIRTHDATE
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

I understand and agree that continued enrollment and reenrollment of my children in House of the Lord Christian Academy is a privilege, not a right and is dependent on my parental support of the school, its staff, and its policies.

PARENT/GUARDIAN SIGNATURE _____ 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.**