

# House of the Lord Christian Academy

info@hlcaschool.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 ACH \_\_\_\_\_  
Monthly ACH \_\_\_\_\_  
Paid Registration \_\_\_\_\_  
Paid Building Fee \_\_\_\_\_

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

## REGISTRATION FORM 2020 — 2021 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.**