STUDENT REGISTRATION FORM

People's Baptist Christian Academy

STUDENT INFORMATION: Complete the information below. Please print clearly.

Name_____ Student ID Number_____

Birth Date (Month/Day/Year): _____/_____ /_____ Gender: ☐ Male ☐ Female

Social Security Number _____

Phone (home) _____

Permanent Address _____ Apt #_____

Phone (cell) _____

City/State/Zip_____

Email_____

County of Residence_____

Fathers Name_____

Local Address (if different than above) _____

Mothers Name_____

City/State/Zip_____

Grade currently enrolled:	
Current School:	
Current curriculum used:	
Church Name:	
Church address:	
Church Phone:	
Pastors Name:	

I agree to pay Peoples Baptist Christian Academy a onetime Registration fee of $ 125.00

Name Signature: _____ Date: _____

Advisor Signature: _____Date: _____