

P.A.C.S. Home School

Term: _____ Date: _____ Student ID: _____
Month Day Year

Student Information

Name: _____
Last First Middle

SS #: _____ Phone: _____

Address: _____

City State Zip

Age: _____ Date of Birth: _____ / _____ / _____ Last Grade: _____

School last attended: _____

Family Information

Father: _____ SS #: _____

Phone: _____

Employment & Phone: _____

Mother: _____ SS #: _____

Phone: _____

Employment & Phone: _____

E-mail address: _____

This Registration Form must be filled out completely and sent in with the \$25 registration fee that is non-refundable. For re-enrollment please include \$15 and any changes to your address or phone number.

I understand that I am responsible for prompt payment of all fees until I notify the school in writing of my child's removal from the program. In the event this account should become past due, I agree to pay any and all late/fees, collection fees, attorney and/or court costs.

Signature _____ Date _____