

AMERASIAN CHRISTIAN ACADEMY

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REGISTRATION FORM
(2019-2020)

Name of Student _____ [] Male [] Female

Age _____ Date of Birth _____ Grade _____
2019-2020 School Year

Citizenship _____

School Last Attended _____

Grade Last Year _____
2018-2019 School Year

Will Ride School Van for 2019-2020 School Year: [] Yes [] No

Father's Name _____

Mother's Name _____

Home Phone _____ Work Phone _____

Cell Phone _____

Address _____

Emergency Contact (Name) _____

Phone Number(s) _____

Is the child on any medication? _____

Does the child have any allergies? _____

In case of minor discomfort, I authorize the school to give my child:

[] Tylenol [] Aspirin [] Pepto Bismol for Stomach

Parent's Signature _____ Date _____

For Office Use Only

Registration fee paid [] Date:

Transportation [] Pick Up:

Copy of a Passport or ID []

Immunization Record []

School Record []

Financial Aid Provided: [] Yes [] No (Amount:)

Drop Off: