

OFFICE USE ONLY: Registration fee paid on_

Gideon Academy

Honor Integrity Servanthood

1316 Shafter Road, Bakersfield, CA 93313 Phone: (661)833-9894 Fax: (661) 829-4185 www.gideonwarriors.com accompany this form:

Fee June 15 : \$240 per Student

Registration fee (non-refundable) must

"A school for today's children to grow into tomorrow's Christian Leaders..."

APPLICATION FOR RE-ENROLLMENT FORM SCHOOL YEAR Submit one for each family applying for re-enrollment with the academy.									
Student Information (LI	ST A	LL CHILDREN ATTENDING G	SIDEON, OL	_DEST TO YOU	JNGES	T. NEW STU	DENTS REQUIRE SEPARATE APPI	LICATION.)	
Last Name		First Name	M.I.	Gender Grade		Grade	Child's Birthplace (City/State)	Birth Date (MM/DD/YY)	
Parent/Guardian Info	rmat	tion with whom Child(ren) Resides	(HAVING LE	GAL I	PHYSICAL (CUSTODY OF CHILD) PLEASE	PRINT	
Street Address:			City:			State:Zip Code:			
Home Phone:Primary E-Mail Address:									
		Father/	Father/Guardian				Mother/Guardian		
Name: First Name, M.I, Last Nan									
Employer									
Occupation									
Cell Phone									
Work Phone									
Email Address									
We have reviewed this application and, to the best of our knowledge, all information provided is complete and accurate. We understand that a school year is considered to be a maximum of 10 months, beginning in August and completed in May. Please keep in mind that we will have open enrollment for new students and limited space is available so early registration is recommended to ensure a space for your child.									
	confi		-			lity biblical ed	ducation for your child. Our com	mitment is to	
policies as determined by Gide	on. N	lotwithstanding anything to	the contra	ary contained	hereir	n, this agreer	el any student in accordance wit nent does not bind either party t etion of all requirements to the s	o any specific	
Signature of Father/Guardian			Signatu	ure of Mot	her/0	Guardian	Date	_	

Zelle/Cash/Check#

Amount Paid

Received by