



Gideon Academy

Honor Integrity Servanthood

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

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

Registration fee (non-refundable) must accompany this form:

**Fee Aug 1, 2018:
 \$25 per student, \$50 per family**

APPLICATION FOR RE-ENROLLMENT FORM - 2018/2019 SCHOOL YEAR

Submit one for each family applying for re-enrollment with the academy.

Student Information (LIST ALL CHILDREN ATTENDING GIDEON, OLDEST TO YOUNGEST. NEW STUDENTS REQUIRE SEPARATE APPLICATION.)

Last Name	First Name	M.I.	Gender	Grade	Child's Birthplace (City/State)	Birth Date (MM/DD/YY)

Parent/Guardian Information with whom Child(ren) Resides (HAVING LEGAL PHYSICAL CUSTODY OF CHILD) PLEASE PRINT

Street Address: _____ **City:** _____ **State:** _____ **Zip Code:** _____

Home Phone: _____ **Primary E-Mail Address:** _____

	Father/Guardian	Mother/Guardian
Name: First Name, M.I, Last Name		
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.

Thank you for reaffirming your confidence in the school staff to assist you in providing a quality biblical education for your child. Our commitment is to work with the home but not to assume responsibilities that rightfully belong to parents.

We understand that enrollment in Gideon is a privilege, and Gideon reserves the right to suspend or expel any student in accordance with its official policies as determined by Gideon. Notwithstanding anything to the contrary contained herein, this agreement does not bind either party to any specific period of enrollment. We understand that acceptance of the application shall be conditioned upon completion of all requirements to the satisfaction of the administration.

 Signature of Father/Guardian

 Signature of Mother/Guardian

 Date

OFFICE USE ONLY: Registration fee paid on _____ Received by _____ Cash/Check# _____ Amount Paid _____