Acacia Academy

6425 S. Willow Springs Road
La Grange Highlands, Illinois 60525
Phone: 708 579-9040 Fax: 708 579-5872

High School Credit Enrollment Form

LAST NAME	FIRST	AGE	GRADE	REFERRAL SOURCE

BIRTH DATE: _____ **TELEPHONE:** _____

ADDRESS: _____ _____ _____ _____
Street City State Zip

FATHER: _____ **Cell #** _____ **Work #** _____

MOTHER: _____ **Cell #** _____ **Work #** _____

Class: _____ **Semester 1 2 (circle) $750.00/Sem**

Class: _____ **Semester 1 2 (circle) $750.00/Sem**

Class: _____ **Semester 1 2 (circle) $750.00/Sem**

TUITION FEES: _____ _____ _____
$ 750.00 per class per semester Date Paid Check No. or Cash

REGISTRATION: **Enrollment Date:** _____

I authorize placement of my child (above named student) in the class/classes indicated above. I understand that his/her enrollment is dependent upon payment of his/her tuition and fees in advance of instruction.

Parent/Guardian _____ Date _____

When classes are completed, High School credits are to be forwarded to:

School: _____ Address: _____

City: _____ State: _____ Zip: _____

To Attention of: _____