



Parsons Christian Academy

RETURNING STUDENT RESERVATION FORM

2018-2019 School Year

Families must submit a reservation form for each child and a fee of \$100.00 per student with a maximum of \$200.00 per family to reserve placement for the 2018-2019 school year. **This fee is non refundable and is due when reservation form is received in office.** Reservation forms submitted prior to March 1, 2018, will receive a \$50.00 discount towards the registration fee of one child or \$100.00 discount for two or more children. **Families must fill out a reservation for each child.** As a reminder, Visa/MC/and Discover are accepted as well as cash/check.

Student's Name: _____ Upcoming Grade: _____ DOB: ___ / ___ / ___
Male/Female(circle one) SSN: _____ - _____ - _____

Is your child currently receiving a state funded scholarship? No ___ Yes ___
If so, please list which scholarship: _____

Additional Information

Mother's Name: _____ Phone: _____ - _____ - _____
Home Address: _____ Zip Code: _____

Place of Employment: _____ Phone: _____ - _____ - _____
Occupation: _____

DOB: ___ / ___ / ___ SSN: _____ - _____ - _____ Phone(other): _____ - _____ - _____
Email: _____ Driver's License#: _____

Father's Name: _____ Phone: _____ - _____ - _____
Home Address(if different): _____ Zip Code: _____

Place of Employment: _____ Phone: _____ - _____ - _____
Occupation: _____

DOB: ___ / ___ / ___ SSN: _____ - _____ - _____ Phone(other): _____ - _____ - _____
Email: _____ Driver's License#: _____

I acknowledge that this reservation form alone does not guarantee placement for the following school year. As a returning student, it is up to the school to decide if my child will have placement for the 2018-2019 school year. I understand that I will be notified in the event that my child may not return.

Signature of Parent: _____ Date: ___ / ___ / ___

Office use Only

Received By: _____ Amnt. Paid: _____
Date of Receipt: ___ / ___ / ___