



EMMANUEL

CHRISTIAN SCHOOL

ENROLLMENT APPLICATION 2011-2012

Family Name: _____

Address: _____

Telephone: _____

Student's name:

Grade entering:

_____ I would like to enroll in the 12-month payment plan. (The first payment is due **July 1.**)

_____ I would like to enroll in the 10-month payment plan. (The first payment is due **September 1.**)

_____ (Parent's/ Guardian's signature)

For office use

Enrollment fee: \$200.00

Paid by: _____ check _____ cash _____ credit card