

APPLICATION FOR STUDENT ENROLLMENT – 2016/2017 SCHOOL YEAR

AUBURN ROAD PRESBYTERIAN ACADEMY

DUEL ENROLLMENT/PART TIME REGISTRATION

Parent One Name _____ Date _____

Address _____

City _____ State _____ Zip Code _____

Work Phone _____ Mobil Phone _____

Email Address _____

Parent Two Name _____

Mark here if address is the same ()

Address _____

City _____ State _____ Zip Code _____

Work Phone _____ Mobil Phone _____

Email Address _____

Student Name _____

Preferred Name or Nickname _____

Date of Birth _____ Gender _____

Student's Email Address (optional) _____

(please note, for the duel enrollment course, all research assignments will be turned in via email to the professor)

Does the student currently live with you? Y____ N____

If "NO," please provide the students address

Current Grade _____ Can you provide academic transcripts Y____ N____

(please note, the lack of ability to provide academic transcripts does not disqualify the student)

Does the student require any special medical assistance?

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Please list any food allergies

Emergency Contact Phone _____

Are you currently members of, or, do you attend a local church Y_____ N_____

Name of the Church _____

Is the student a professing Christian? Y_____ N_____

Please mark the course(s) of interest to which you would like to enroll in at the Auburn Road Presbyterian Academy

1) THEOLOGY 1313 DUEL ENROLLMENT THROUGH SOUTHEASTERN UNIVERSITY ()

Beginning Wednesday, September 7, at 3:00 P.M.

2) BEGINNING AND FOUNDATIONS OF LOGIC ()

Beginning Wednesday, September 7, at 1:15 P.M.

Parent Signature _____

Date _____