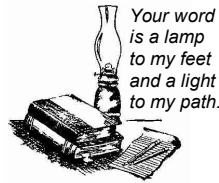


# Milford Christian Academy

273 Elm Street, Milford, NH 03055  
Phone 603-673-9324, fax 603-672-4539  
www.milfordchristianacademy.org  
milfordchristianacademy@comcast.net



*Learning to live for something greater*

Pastor Kyn Gdanian, School Chaplain  
Paul Sontag, School Principal

## HOME SCHOOL NOTIFICATION AND EVALUATION ONLY ENROLLMENT APPLICATION

SCHOOL YEAR 20\_\_ - 20\_\_

Yearly fee due in full upon enrollment:

1 child \$100.00  
2 children \$150.00  
3 children \$200.00

\$25.00 will be charged for each extra conference.

A 70% refund will be granted for program withdrawal only before September 1<sup>st</sup>.

If Stanford Achievement Testing is desired, please complete the SAT Registration Form and return to office along with the \$30.00 per student registration fee at the time of enrollment.

### STUDENT INFORMATION:

\_\_\_\_\_  
LAST NAME FIRST NAME  Male BIRTH: MONTH, DAY, YEAR  
 Female  
ENTERING GRADE \_\_\_\_\_

=====  
\_\_\_\_\_  
LAST NAME FIRST NAME  Male  
 Female BIRTH: MONTH, DAY, YEAR  
ENTERING GRADE \_\_\_\_\_

=====  
\_\_\_\_\_  
LAST NAME FIRST NAME  Male  
 Female BIRTH: MONTH, DAY, YEAR  
ENTERING GRADE \_\_\_\_\_

=====  
\_\_\_\_\_  
LAST NAME FIRST NAME  Male  
 Female BIRTH: MONTH, DAY, YEAR  
ENTERING GRADE \_\_\_\_\_

=====  
\_\_\_\_\_  
LAST NAME FIRST NAME  Male  
 Female BIRTH: MONTH, DAY, YEAR  
ENTERING GRADE \_\_\_\_\_

**PARENT INFORMATION:**

**FATHER:** Name \_\_\_\_\_

Address \_\_\_\_\_

Home Telephone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Email: \_\_\_\_\_

**MOTHER:** Name \_\_\_\_\_

Address \_\_\_\_\_

Home Telephone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Email: \_\_\_\_\_

**PERSON RESPONSIBLE FOR TUITION PAYMENTS:**

Name \_\_\_\_\_ Home Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

**OFFICE USE ONLY:**

Application Fee Received \$ \_\_\_\_\_ Check Number \_\_\_\_\_ DATE: \_\_\_\_\_

LTWC Membership \_\_\_\_\_

Church Affiliation \_\_\_\_\_