



7720 LANKERSHIM BLVD.
NORTH HOLLYWOOD, CA 91605

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www.godlygenchristianacademy.com

"A generation with a different spirit, who follow God whole-heartedly."

APPLICATION FOR RE-ENROLLMENT

_____ **SCHOOL YEAR**

An application for re-enrollment should be completed by each family applying to re-enroll with the academy along with the \$40 enrollment fee per student.

STUDENT INFORMATION

List all students attending Godly Generations Christian Academy from oldest to youngest.

Last Name	First Name	Middle Initial	Gender	Grade	Birthplace (City, State)	Birthdate (MM/DD/YY)

PARENT/GUARDIAN INFORMATION

FATHER'S NAME (FIRST NAME, MIDDLE INITIAL, LAST NAME): _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone Number: (____) ____-____ Cell Phone Number: (____) ____-____ EMAIL: _____

Employer: _____ Occupation: _____ Work Phone Number: (____) ____-____

Lives with student

MOTHER'S NAME (FIRST NAME, MIDDLE INITIAL, LAST NAME): _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone Number: (____) ____-____ Cell Phone Number: (____) ____-____ EMAIL: _____

Employer: _____ Occupation: _____ Work Phone Number: (____) ____-____

*Academic Excellence
Discipleship of future servants of the Lord
Developing Christ-like Character*

Lives with student

PARENT DECLARATION STATEMENT

We have reviewed this application and to the best of our knowledge, all information completed and provided is accurate. We understand that the school year consists of a maximum of 10 months. Due to open enrollment for new students and limited space available early registration is recommended. Godly Gen's school staff is here to assist parents in providing a quality biblical education for students and works alongside parents, who primarily assume the responsibility of doing so. Enrollment at Godly Gen is a privilege and Godly Generations Christian Academy reserves the right to suspend or expel any student in accordance with its official policies as determined by Godly Generations Christian Academy. This agreement does not bind either party to any specific period of enrollment. We understand the acceptance of this application shall be conditioned upon completion of all requirements to the satisfaction of the administration.

Name of Father/Guardian Signature of Father/Guardian Date

Name of Mother/Guardian Signature of Mother/Guardian Date

OFFICE USE ONLY

- Registration fee paid
 - Zelle
 - Cash
 - Check # _____

DATE: _____ RECEIVED BY: _____ AMOUNT PAID: \$ _____