



ACADEMIC SELECT PROGRAM Registration Form

Parent's Name _____ Date: _____

Address _____

Email address _____

Church Attending _____

List all students being registered:

Name	Grade Entering	Birth date	Gender
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

FAMILY INFORMATION

Father:

Home phone _____

Cell phone _____

Occupation _____

Employer _____

Work phone _____

Mother:

Home phone _____

Cell phone _____

Occupation _____

Employer _____

Work phone _____

Alternate phone number if parents cannot be reached:

Name _____

Phone _____

COURSES REQUESTED:

Course Name

Student's Name

1) _____

2) _____

3) _____

4) _____

5) _____

6) _____

A copy of the authorization from the superintendent of your local school district granting approval to home school, must be submitted with this form.

Return completed Registration Form to:

**Hershey Christian School
P.O. Box 378
Hershey, PA 17033
717-835-0246**