

2009/2010 Enrollment Application

Midwest Christian Academy
2905 Gill St., Bloomington, IL 61704
Phone 309-663-4477 ♦ Fax (309) 834-0160

FAMILY INFORMATION

Parent's name _____
Mailing Address _____ City _____ State _____ Zip _____
Street (for UPS delivery) _____ City _____ State _____ Zip _____
Home Phone (_____) _____ - _____ Work Phone (_____) _____ - _____
E-Mail Address _____
Supervisor of student's schoolwork if other than student's parent _____
(Please include supervisor's name, address, and phone number) _____

STUDENT INFORMATION

Student's Name _____ Male Female Birthdate _____
Does student have learning difficulties? _____ If yes, describe _____
Last School Attended _____ Last Grade Completed _____ Current Grade _____
School Address _____ City _____ State _____ Zip _____
Phone (_____) _____ - _____ Fax (_____) _____ - _____ Contact Person _____

We would like to begin school on (Month) _____ (Day) _____ (Year) _____

ENROLLMENT AGREEMENT

I am responsible for the payment of all fees for this account. I understand the registration fee is non-refundable and is to be paid each school year beginning July 1st. My student will be supervised during study time by a parent or a responsible adult who will not allow the student to copy answers from the score keys. I agree to follow the procedures taught in the Parent/Supervisor Training Packet. I will keep all tests and test keys in a secure place inaccessible to the student. I will grade the tests and return them promptly at the end of each quarter.

Signature of Parent/guardian _____ Date _____

Fees due with Enrollment Application: \$50 Registration Fee and \$30 Diagnostic Testing Fee

For a complete current price list, see Registration and Fees page.

PAYMENT INFORMATION

Check _____ Money Order _____ or Credit Card # _____
Name as it appears on front of card: _____ Exp Date (Mo/Yr) ____/____
Security Code _____ Total Amount \$ _____ Signature _____

Your credit card statement will show the name of International Learning Solutions