

GALILEAN BAPTIST ACADEMY

A Ministry of Galilean Baptist Church
1155 N. Highway 67
Cedar Hill, TX 75104

Enrollment Form

Non Refundable Enrollment Fee: \$100 per family

Name: _____ Age: _____ Grade: _____

Name: _____ Age: _____ Grade: _____

Name: _____ Age: _____ Grade: _____

Name: _____ Age: _____ Grade: _____

Name: _____ Age: _____ Grade: _____

Name: _____ Age: _____ Grade: _____

Father's Name _____ Mother's Name _____

Home Address: _____

City, State, Zip: _____

Home Phone: _____

Father's Work Phone: _____ Mother's Work Phone: _____

Father's Cell: _____ Mother's Cell: _____

We understand in order to guarantee a place for our child/children, this form must be completely filled out and returned to the school office with the enrollment fees by Friday, June 12, 2015. We would also need transcripts for each child to be filed for our records.

Parent's Signature:

Father: _____ Date: _____

Mother: _____ Date: _____