

Alethea Academy

<http://www.aletheaacademy.com>
admin@aletheaacademy.com

Registration

Fall 2009/Spring 2010

Date: _____

Student's Name: _____

Parent's Name: _____

Contact Information (please provide all applicable information):

Primary Phone-Number: _____

Parent's E-mail: _____

Student's E-mail: _____

Mailing Address: _____

Student Background:

Age: _____

Grade: _____

Previous instruction/ curriculum in area of enrollment:

I wish to enroll my student in the following class(es):

Additional Comments:
