Enrollment/Re-enrollment application

www.heritagefindlay.org

2000 Broad Ave Findlay, Ohio 45840

419-424-9511

Please complete all information legibly. Application is not complete until

- 1. Signed by parent(s)/legal guardian(s) and
- 2. Accompanied by Registration Fee.

I/we wish to enroll the student(s) listed below.

First Name	Last Name	Gender	Grade	Birth	Circle
		Circle One	Entering	Date	One
		M F			New Re-enroll
		M F			New Re-enroll
		M F			New Re-enroll
		M F			New Re-enroll
		M F			New Re-enroll

Father/Guardian First and Last Name		
Employer	Business Phone	
Home Address	City, ST, Zip	
E-mail	Phone	
Mother/Guardian First and Last Name _		
Employer	Business Phone	
Home Address	City, ST, Zip	
E-mail	Phone	
If parents are separated, who has custod	y of the children?	
Family church affiliation		
Name of Pastor	Church Phone #	

Tuition/Fee workshe	et and Fina	ncial Agreen	nent			
Registration Due	\$	x	_(# students) =		\$	
Tuition 1 st Student	\$					
2 nd Student	\$					
3 rd Student	\$ \$					
4 th Student	\$					
5 th Student	\$					
Total tuition due					\$	
Less Discounts					\$	
Total Due					\$	
Direct Payment plan:	circle one	10 month	12 monthly v	veekly	Approx Payment \$	
online.factsmgt.com Sign here By signing this agreen policies of Heritage Cl					d understand the applicable fees and financial ingly.	
Signature of Father/Guardian				Signat	nature of Mother/Guardian	
Signature of financiall not parent or guardia	le person if		Date	e		
Heritage Christian Sch	nool does no	ot discrimina	te on the basis o	f race, co	color, national or ethnic origin.	
Office Use Only						
Registration Due \$						
Registration paid						
With enrollment \$			Ck #	Cash		
Balance due \$						