



SOVEREIGN GRACE
ACADEMY

REGISTRATION FORM

NON-MEMBER REGISTRATION FOR CO-OP CLASSES

PARENT'S NAME _____

ADDRESS _____

CITY _____ ZIP _____

PHONE NUMBER _____

EMAIL ADDRESS _____

HOME CHURCH _____

As parents, we understand that, by registering our child/children in Sovereign Grace Academy co-op classes, that we remain the primary teachers. We are responsible for the education of our child/children. We understand that Sovereign Grace Academy will be one of many resources to help make the homeschooling process a successful one. We also understand that Sovereign Grace Academy is a private school satellite program, and therefore not accredited.

PARENT'S SIGNATURE _____

DATE _____

ADMINISTRATOR OR DIRECTOR'S SIGNATURE _____

DATE _____

Please bring or mail to:
Sovereign Grace Academy
1530 E. Elizabeth Street
Pasadena, CA 91104

Phone: (626) 398-2418 / Email: sgacademyoffice@gmail.com



SOVEREIGN GRACE
ACADEMY

STUDENT NAME _____ GRADE _____ D.O.B. _____

STUDENT EMAIL ADDRESS _____

CLASS _____ FEE _____

SEMESTER: 1ST / 2ND / SCHOOL YEAR

CLASS _____ FEE _____

SEMESTER: 1ST / 2ND / SCHOOL YEAR

CLASS _____ FEE _____

SEMESTER: 1ST / 2ND / SCHOOL YEAR

STUDENT NAME _____ GRADE _____ D.O.B. _____

STUDENT EMAIL ADDRESS _____

CLASS _____ FEE _____

SEMESTER: 1ST / 2ND / SCHOOL YEAR

CLASS _____ FEE _____

SEMESTER: 1ST / 2ND / SCHOOL YEAR

CLASS _____ FEE _____

SEMESTER: 1ST / 2ND / SCHOOL YEAR

STUDENT NAME _____ GRADE _____ D.O.B. _____

STUDENT EMAIL ADDRESS _____

CLASS _____ FEE _____

SEMESTER: 1ST / 2ND / SCHOOL YEAR

CLASS _____ FEE _____

SEMESTER: 1ST / 2ND / SCHOOL YEAR

CLASS _____ FEE _____

SEMESTER: 1ST / 2ND / SCHOOL YEAR

TOTAL COST _____

PAID _____

Parental consent for above named students to attend classes listed above.

PARENT'S SIGNATURE _____

DATE _____

ADMINISTRATOR OR DIRECTOR'S SIGNATURE _____

DATE _____