

WHITAKER CHRISTIAN EDUCATION REGISTRATION FORM

"Start children off on the way they should go, and even when they are old they will not turn from it." - Proverbs 22:6 (NIV).

Student Name: _____ **Student's Grade:** _____
First Middle Last

Student Age: _____ **Date of Birth:** _____

Parent(s) Name: _____
First Last First Last

Mailing Address: _____
Street City State Zip

Student Cell Phone (Optional) : _____

Parent Cell Phone (Required) : _____

Student Email (Optional) : _____

Parent Email (Required) : _____

CLEP Analyzing and Interpreting Literature and Composition 1 & 2: _____

CLEP Sociology: _____

CLEP Psychology: _____

CLEP Biology: _____

CLEP Human Growth and Development & CLEP Educational Psychology: _____

CLEP Principles of Marketing & CLEP Principles of Management: _____

CLEP US History 2: 1865-Present: _____

Forensic Psychology: _____

Registration fee is \$50.00 per student (nonrefundable)

I understand that these are private classes and are kept small for the benefit of every student and therefore I commit to paying for every class. I understand if my son/daughter misses a class, Mrs. Whitaker will assist with information missed:

Parent Signature: _____