



GIPAC Academy Registration Form

Welcome to GIPAC Academy. Please complete the following form in full. Once complete, please review the School Policies (provided separately), sign the bottom of this form, and return.

Student Name	Date of Birth
Street	City
Zip Code	Student E-mail
School Name	Grade
Primary Phone Cell Home	Secondary Phone Cell Home
Mother's Name Primary Contact	Father's Name Primary Contact
Business Phone	Business Phone
E-mail	E-mail

Emergency Contact Name	Emergency Contact Phone
------------------------	-------------------------

Referee Name	Email or Phone
--------------	----------------

Other Information
(Known Allergies, Disabilities, etc.)

Lesson Name	Lesson Day & Time	Start Date
First Tuition Payment	\$	
Registration Fee	\$	
Total Due Upon Enrollment	\$	Paid Via:

I have read and understand the School Policies, and agree to abide by the guidelines and policies listed.

Student Name	Parent Name
--------------	-------------

Signature of Student (or Parent/Guardian if Minor)	Date
--	------