



331 South Birchwood Ave. Louisville, KY 40206 (502)618-2327
fax: 290-7854 www.christianconsortium.org

Application 2009 - 2010

Student name _____ **Gender: M F**
Student grade _____ **Student Birth date** _____
Student Address _____
Student e-mail (if applicable) _____

	Father's Information	Mother's Information
Name	_____	_____
Address (if <u>not</u> the same as student)	_____	_____
Home phone #	_____	_____
E-mail	_____	_____
Employer	_____	_____
Business phone #	_____	_____
Cell phone/pager	_____	_____

Emergency contact (other than parents) _____
Relationship _____
Home phone # _____ **Cell Phone #** _____

Physician _____
Physician phone _____
Any medical conditions? _____

Previous school(s) attended

Name _____
Address _____
Phone number: _____
Length of time at school _____

Please attach additional information if the student has attended more than one school.
If the student has been home schooled, please write a brief explanation of the class curriculum used and method of testing or academic achievement.

A copy of the official transcript should be attached to this form

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Please list below the classes in which you wish to enroll:

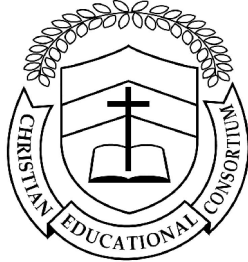
Class Title	Day/Period	Instructor	For office use only	
			Check#	Amount
1. _____	_____	_____		
2. _____	_____	_____		
3. _____	_____	_____		
4. _____	_____	_____		
5. _____	_____	_____		
6. _____	_____	_____		

For Office Use only		
	Check #	Amount
CEC Fee		

The CEC Enrollment Fee of **\$175/student** payable to CEC and registration payments of **\$50/class** payable to the appropriate teacher must accompany the registration form for it to be processed. Fees are nonrefundable. Please return the signed Claims Release form with the registration. The registration deadline is July 15th.

**Please return all forms and payments to: Beverly Clark, Director
The Christian Educational Consortium
331 South Birchwood Ave.
Louisville, KY 40206**

**CEC does not discriminate on the basis of race.
CEC reserves the right to reject any application. If an application is rejected, all fees will be returned.
Payment to CEC for the facility fee can not be used as a tax deduction for a charitable donation.**



Christian Educational Consortium

Release of Claim for Damages
2009-2010

On behalf of my student, I absolve and release the supervising teacher, the Christian Educational Consortium, and Indiana Wesleyan University, Louisville Campus from any claim for personal injuries or property loss which might be sustained by the student listed below while taking classes at the Christian Educational Consortium.

_____ has my permission to attend class under the
Student Name (please print) supervision of teachers at the Christian
Educational Consortium.

Grade

Parent/Guardian Signature

Date signed

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