AARON ACADEMY'S ENROLLMENT APPLICATION

(Not valid if submitted without required fees)

2024-2025 SCHOOL YEAR

Re-Enrollments: Current students who completed the 2023–24 school year with Aaron Academy.

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1 Primary Teacher's Name: (Must reside with student.) ☐ Mother ☐ Father ☐ Legal Guardian
(Legal documents required.)

First Name _____ Middle Name _____ Last Name _____

Street Address _____ City _____ State _____ Zip _____

Phone Number _____ Parent's Email Address _____

Occupation _____ Place of Employment _____ Parent's Driver's Lic. No. _____

Primary teacher's educational level? ☐ GED ☐ High School Diploma ☐ College Degree

(NOTE: By school policy, a high school diploma or GED is required to teach a student in 9th through 12th grade.)

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2 Other Parent's Name: ☐ Mother ☐ Father ☐ Legal Guardian

First Name _____ Middle Name _____ Last Name _____

Phone Number _____ Occupation _____ Place of Employment _____

Other parent's educational level? ☐ GED ☐ High School Diploma ☐ College Degree ☐ None

Does this parent live at student's home? ☐ Yes ☐ No   And has custodial rights to student records? ☐ Yes ☐ No

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3 Church Information or Religious Affiliation:

_____ Church Name

_____
City _____ Pastor

4 Updates / Changes:

A: Has your address changed?   No ☐   Yes ☐

B: Has contact info changed?   No ☐   Yes ☐

(If yes) ☐ Email Address
☐ Phone Number

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5 If mailing or faxing forms with Debit/Credit Card: Enrollment: $ _____   Other: $ _____

Debit/Credit Card: _____   Cardholder's Name: _____

Card Number: _____   Expiration Date: _____   Security Code: _____

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6 ☐ **I have read, understand, and agree with Aaron Academy's policies / requirements, testing requirements, graduation requirements, and statement of faith.**

_____
Parent's (or Legal Guardian's) Signature _____ Date

(Signature grants school permission to verify data in this form and to monitor compliance to its policies.)

—continued: please fill in the student information on the following page.   **1**

—continued: You can submit up to 5 re-enrolling students on this form.

1 **Student's Full Legal Name:**

Male ☐   Female ☐

_____
First Name   Middle Name   Last Name

_____
Date of Birth   Grade Level

Repeating Grade Level?   No ☐   Yes ☐

2 **Student's Full Legal Name:**

Male ☐   Female ☐

_____
First Name   Middle Name   Last Name

_____
Date of Birth   Grade Level

Repeating Grade Level?   No ☐   Yes ☐

3 **Student's Full Legal Name:**

Male ☐   Female ☐

_____
First Name   Middle Name   Last Name

_____
Date of Birth   Grade Level

Repeating Grade Level?   No ☐   Yes ☐

4 **Student's Full Legal Name:**

Male ☐   Female ☐

_____
First Name   Middle Name   Last Name

_____
Date of Birth   Grade Level

Repeating Grade Level?   No ☐   Yes ☐

5 **Student's Full Legal Name:**

Male ☐   Female ☐

_____
First Name   Middle Name   Last Name

_____
Date of Birth   Grade Level

Repeating Grade Level?   No ☐   Yes ☐

Mail to: Aaron Academy, P.O.Box 1687, Gallatin, TN 37066