

AARON ACADEMY'S ENROLLMENT APPLICATION

(Not valid if submitted without required fees)

2026-2027
SCHOOL YEAR

Re-Enrollments: Current students who completed the 2025-26 school year with Aaron Academy.

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.)

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

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

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

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

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

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

1 Student's Full Legal Name:

First Name Middle Name Last Name Male Female

Date of Birth Grade Level Repeating Grade Level? No Yes

2 Student's Full Legal Name:

First Name Middle Name Last Name Male Female

Date of Birth Grade Level Repeating Grade Level? No Yes

3 Student's Full Legal Name:

First Name Middle Name Last Name Male Female

Date of Birth Grade Level Repeating Grade Level? No Yes

4 Student's Full Legal Name:

First Name Middle Name Last Name Male Female

Date of Birth Grade Level Repeating Grade Level? No Yes

5 Student's Full Legal Name:

First Name Middle Name Last Name Male Female

Date of Birth Grade Level Repeating Grade Level? No Yes