

# Registration

# Arizona Latin District School of Ministry

Please print legibly

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail \_\_\_\_\_

Birthday \_\_\_/\_\_\_/\_\_\_ Male \_\_\_ Female

Social Security Number \_\_\_\_\_

Student ID Number \_\_\_\_\_

Note: These records are kept confidential. You will receive a student ID number different than your social security number for your protection. However, your SS# is used as verification when checking on grades.

**Program of Study**  
 (Please check one)

\_\_\_ At the present we are only offering Level one classes \_\_\_

## Release Authorization

I authorize Arizona Latin District School of Ministry: to request academic and personal information from my official student record and my Pastor, until I withdraw this authorization in writing.

\_\_\_\_\_  
 (Student Signature) (Date)

**Enrollment** will be processed upon receipt of this form and full payment.

<b>Tuition Costs:</b>	<b>\$75</b> (per course)	\$ _____	Please mail to: PO Box 1774 Avondale AZ, 85323
Spouse or Family Fee:	<b>\$65</b>	\$ _____	
Registration Fee: (per person)	<b>\$25</b> (onetime fee)	\$ _____	
Late Fee (After 8/3/2009)	<b>\$30</b> (includes shipping)	\$ _____	
Total Amount Enclosed:		\$ _____	

All Fees are payable to: **ACA**

**Class Location:** (Avondale Christian Assembly 541 E. Main St Avondale AZ. 85323) 623-206-8135  
**Tuesdays from 6pm to 9pm and one intensive course on a weekend**

List Course Description	Your Name	Your Spouse (If Applicable)

**\*See Course Schedule for Deadline Dates\***