



PART TIME / AUDIT ENROLLMENT FORM

Date: _____

Name (First, Middle, Last): _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

E-Mail: _____

Home Congregation: _____

Emergency Contact: _____ Relationship: _____

Phone Number: _____

Class or Classes To Attend

- | | | |
|----------|-----------|-------|
| 1. _____ | Part Time | Audit |
| 2. _____ | Part Time | Audit |
| 3. _____ | Part Time | Audit |
| 4. _____ | Part Time | Audit |
| 5. _____ | Part Time | Audit |
| 6. _____ | Part Time | Audit |
| 7. _____ | Part Time | Audit |

I understand that while auditing class I will follow the policies of the school and conduct myself in a Christian manner.

STUDENT'S SIGNATURE: _____

SCHOOL USE ONLY:	
School Year: _____	Quarter Enrolled: _____
Director's Signature: _____	