Enrollment Application

Abundant Life Academy Online High School

PO Box 402, Kanab, UT, 84741
(435) 899 - 9997

Student Information: Enrollment Date:__/__/_____

Name: _____ SSN: _____
(Last) (First) (MI)
Address: _____
City: _____ State: ___ Zip: _____ Phone:(____)_____
Student's Age: _____ DOB: ___/__/___ Gender: (M) (F) Last Grade Completed: _____

Please complete the following:

Last School Attended: _____ Phone: (____)_____
School Attended: _____ Fax: _____
City: _____ State: _____ Zip: _____

Name and Address of Parent (s) to receive progress reports:

Parent's Name (s): _____
Address: _____
_____
E-mail Address: _____

Parent's Signature: _____ Date: __/__/__

Please fax to:(no cover sheet necessary)

Abundant Life Academy - Academic Director/Fax:435-644-8294
Thank you