



**BOSSIER**  
— CHRISTIAN ACADEMY —

# Registration

Thank you for your interest in Bossier Christian Academy. To be considered in our program please complete this form and mail it to 2833 Viking Dr. Bossier City, LA 71111. Or drop off at Bossier Christian Academy office, 2833 Viking Dr.

There is a \$100 registration Fee. (Make checks payable to "Bossier Christian Academy")

## Child's Name

(FIRST NAME) \_\_\_\_\_ (LAST NAME) \_\_\_\_\_

## Date of Birth

\_\_\_\_\_

## Child's Preferred Name

\_\_\_\_\_

## Gender

M

F

## Previous school

\_\_\_\_\_

## Parent Information

(FIRST NAME) \_\_\_\_\_ (LAST NAME) \_\_\_\_\_

## Email

\_\_\_\_\_

## Cell Phone

\_\_\_\_\_

## Home Address

\_\_\_\_\_

\_\_\_\_\_

Work or Alternate Phone \_\_\_\_\_

Bossier Christian Academy does not discriminate on the basis of race, color, religious affiliation, national or ethnic origin or family structure in administration of its educational policies, admissions policies and other school-administered programs.

[www.bossierchristianacademy.com](http://www.bossierchristianacademy.com)