

RE-REGISTRATION APPLICATION

Website www.myLogos.org

Phone (847) 647-9456

Address Logos Christian Academy
7280 N. Caldwell Ave., Niles, IL 60714

Checks payable to Logos Christian Academy

For Office Use Only:

Date Received _____

Fee Included \$ _____

Date Approved _____

By Whom _____



**LOGOS
CHRISTIAN
ACADEMY**

STUDENT #1 INFORMATION

Name _____ **Birth Date** _____ **Grade in new school year** _____

STUDENT #2 INFORMATION

Name _____ **Birth Date** _____ **Grade in new school year** _____

STUDENT #3 INFORMATION

Name _____ **Birth Date** _____ **Grade in new school year** _____

STUDENT #4 INFORMATION

Name _____ **Birth Date** _____ **Grade in new school year** _____

STUDENT #5 INFORMATION

Name _____ **Birth Date** _____ **Grade in new school year** _____

Family Home Address _____ **City** _____ **State** _____ **Zip** _____

Parent's phone number _____ **Email** _____

By signing this application I certify that I allow Logos Christian Academy to access and verify my credit history as permitted by law and as it pertains to securing the tuition for the education of the student(s) applied for.

Parent's signature and printed name

Date