

ACADEMY OF BIBLICAL CHARACTER DEVELOPMENT

850 N.E. 36th Terrace, Unit E

Ocala, FL 34470

Phone: 352-694-ABCD; E-Mail: academybcd@yahoo.com

Annual Family Reapplication/Registration

_____ TO _____
School Term (Month and Year)

_____ Last Name _____ Father _____ Mother _____

*Are there any changes to your address, phone number, or email address? Yes ___ No ___
If yes, please indicate below:

Address: _____

Phone #'s: Home: _____ Cell: _____

Email Address: _____

*Name of church you are currently attending: _____

*Father's Place of Business: _____ Work Phone: _____

*Mother's Place of Business: _____ Work Phone: _____

*Please list all children you wish to have enrolled with ABCD during this school term:

Student's Last Name	First Name	Grade	New to ABCD?