



# Christian Institute of Arts & Sciences

2007 North 61<sup>st</sup> Avenue \* Pensacola, FL 32506 \* Fax 850-458-5132 \* Phone 850-457-4058 \* [nogratrjoy@aol.com](mailto:nogratrjoy@aol.com)



## Information Form

I just completed an interview or consultation at Christian Institute of Arts & Sciences and am remitting/paying a \$35 fee per 1 1/2 session, if applicable. Please make checks payable to CIAS.

Date \_\_\_\_\_

Parent(s) Name(s) \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_-\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_-\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email address \_\_\_\_\_@\_\_\_\_\_.\_\_\_\_\_

Name of last school attended \_\_\_\_\_

Address of last school attended \_\_\_\_\_

(If Out-of-Town) City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Student's name \_\_\_\_\_ M\_\_F\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_

Student's name \_\_\_\_\_ M\_\_F\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_

Student's name \_\_\_\_\_ M\_\_F\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_

Student's name \_\_\_\_\_ M\_\_F\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_

For Office Personnel Use:

Payment received

Enrolled

Interviewed only

Tutoring only

Campus school

Umbrella school

Class(es) only

Copy for Bookkeeper

**"I have no greater joy than to hear that my children walk in truth."**

**III John 4**