



ANTIOCH Christian Academy

5071 Old Whiteville Road

Lumberton, NC 28358

Phone 910-735-1011

I formally request that my child continue at ACA for the 2023-2024 school year.

Student (Full Name): _____

Date of Birth: _____ Current Grade @ ACA _____

1. I understand that approval of the request rests with the ACA Board of Directors.

2. I understand that a space will be reserved for my child, if this request is submitted with a \$75.00 registration fee, and the request is received by the school office prior to February 28, 2023 @ 3:00 p.m.

On March 1, 2023, the fee goes back to \$100.

This fee is non-refundable.

3. My child and I concur with the policies and procedures as established by

Antioch Baptist Church

Antioch Christian Academy Board of Directors

Antioch Christian Academy Administration

_____/_____
Parent/ Guardian Signature Date

OFFICE USE ONLY

Date Received: _____ Time Received: _____