

## THE ALEXANDRIA ACADEMY

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Registration Form					
Student Name:					
 Phone: (Home)		(Work)	((	Cell)	
Email: (Parent)					
Parent's Name:					
		_Age:			
Gender:		Last Grade Com	pleted:		
Last School Atten	ded:				
Reason For Leavin	ng:				
Special Talents or	Interests:				
Special Needs:					
Has this student h	nad any testing?	(if so, please atta	ch a copy o	<u>f the results.)</u>	
<u>Please attach a co</u>	opy of the stude	nt's latest transcri	pt.		
Referred By:					
		FOR OFFICE USE C	ONLY		
Date Rcvd:	Amt. Paid:	Payment N	Aethod:	Check #:	

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