



# THE ALEXANDRIA ACADEMY

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## Registration Form

Student Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email: (Parent) \_\_\_\_\_ (Student) \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Gender: \_\_\_\_\_ Last Grade Completed: \_\_\_\_\_

Last School Attended: \_\_\_\_\_

Reason For Leaving:

Special Talents or Interests:

Special Needs:

Has this student had any testing? (if so, please attach a copy of the results.)

Please attach a copy of the student's latest transcript.

Referred By: \_\_\_\_\_

### FOR OFFICE USE ONLY

Date Rcvd: \_\_\_\_\_ Amt. Paid: \_\_\_\_\_ Payment Method: \_\_\_\_\_ Check #: \_\_\_\_\_