

Peoria Christian Virtual High School

Course Registration Form

Student/Parent Information

Student First and Last Name: _____ Grade _____

Parent Name: _____

Address: _____

City: _____ State _____ Zip _____ Phone: (____) _____

E-Mail (parent): _____ E-Mail (student): _____

Course Information

Course Type (circle): Enrichment Credit Reclamation

Course Name	Amount
1.	
2.	
Total Due	

Dual credit courses require the completion of an additional registration form through the colleges.

Payment Information

Credit Card Personal Check (Make checks payable to Peoria Christian School)

Signature _____

Date _____