



ST. JOSEPH ACADEMY - PERKINS GRANT FY21 FUNDED  
**REGISTRATION / COURSE CHANGE FORM**

5100 Black Horse Pike Mays Landing, NJ 08330-2699  
 609-625-1111

**STUDENT ID NUMBER**

\_\_\_\_\_  
*LAST NAME FIRST MAIDEN / MIDDLE*

\_\_\_\_\_  
*ADDRESS No. STREET BOX, RTE., OR APT #*

\_\_\_\_\_  
*CITY STATE ZIP CODE*

\_\_\_\_\_  
*COUNTY OF RESIDENCE PHONE NUMBER*

\_\_\_\_\_  
 TODAY'S DATE

\_\_\_\_\_  
*DATE OF BIRTH (MM/DD/YY)* **IS THIS A NEW ADDRESS?**  YES  NO

**N=NEW D=DROP A=ADD W=WITHDRAW**

Summer  Fall  Spring  Continuing Ed YEAR:  JumpStart

✓ ACTION				COURSE NUMBER	SECTION NUMBER	DAYS / TIME PERIOD	CREDIT HOURS
N	D	A	W				

\_\_\_\_\_  
 ADVISOR'S SIGNATURE DATE

\_\_\_\_\_  
 STUDENT'S SIGNATURE\* DATE

**SECTIONS BELOW FOR OFFICE USE ONLY**

Atlantic Cape Contacts	Payments/Chargeback/Financial Aid	*Student Accountability
ADMISSIONS OFFICE: 609-343-5000 ENROLLMENT OFFICE: 609-343-5005 BUSINESS OFFICE: 609-343-5104 FINANCIAL AID OFFICE: 609-343-5082 TESTING OFFICE: 609-343-5449 CONTINUING EDUCATION: 609-343-4829  ML CAMPUS ADVISING OFFICE: 609-343-5621 AC CAMPUS ADVISING OFFICE: 609-343-4893 CM CAMPUS ADVISING OFFICE: 609-463-8114  FAX CREDIT FORM: 609-343-4914 FAX CONTINUING ED FORM: 609-343-4807	CHARGEBACK PROMISSORY YES NO CHARGEBACK REC'D YES NO TOTAL DUE: _____ W/O CHARGEBACK: _____ FINANCIAL AID: _____ BALANCE DUE: _____ RECEIPT # _____ CASHIER: _____	*By signing above, I acknowledge and understand that making changes to my courses or withdrawing from courses may affect my Financial Aid which could result in a balance due on my account.       STUDENT'S INITIALS: _____