



BUSINESS OFFICE USE ONLY	
Reg. Fee	_____
Cash	_____
Check	_____
Credit Card	_____
By	_____
Date:	_____

Family Reenrollment Form

**Reenrollment Fee
\$75 PER FAMILY**

Reenrollment for 2018-2019 School Year

Student's Name _____ Current Grade _____

Reenrolling for Grade: 1 2 3 4 5 6 7 8 9 10 11 12

Student's Name _____ Current Grade _____

Reenrolling for Grade: 1 2 3 4 5 6 7 8 9 10 11 12

Student's Name _____ Current Grade _____

Reenrolling for Grade: 1 2 3 4 5 6 7 8 9 10 11 12

Address: _____

City _____ State _____ Zip _____

Cell Number of Primary Parent/Guardian: _____

Email Address of Primary Parent/Guardian: _____

Signature of Parent or Guardian

Date