



Re-Enrollment Application 2010 – 2011

Student Name _____ Birth date: _____ Grade Entering: _____ If Kindergarten: Full Day or Half Day ♦

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♦ Availability of a half-day Kindergarten class is dependant on enrollment.

Ethnicity: _____ Decline: _____ Where does your family attend church? _____ Member? Yes No

Father/Legal Guardian: _____

Mother/Legal Guardian: _____

Mailing Address: _____

Mailing Address: _____

City: _____ State _____ Zip _____

City: _____ State _____ Zip _____

Phone: (Hm) _____ (Cell) _____

Phone: (Hm) _____ (Cell) _____

(Wk) _____ Employer: _____

(Wk) _____ Employer: _____

Occupation: _____

Occupation: _____

E-mail: _____

E-mail: _____

Parent(s) are: Married Divorced Separated Widowed Re-Married Single

Child Resides With: Both Parents Father Mother Guardian Split Custody

Billing Address: Both Parents Father Mother Guardian Other

I/We understand that a non-refundable deposit of \$210 for K – 5 and \$235 for 6-8th is due with this application. This amount will be applied toward the total registration fee of \$710 for K-5 and \$735 for 6-8th, with the remainder of \$500 due by **June 11, 2010**. Families who pay all registration fees by February 26, 2010 will receive a \$75 discount (per child) off those fees. I/We understand that all fees must be paid in order for our child(ren) to start school.

Signatures of BOTH parents are REQUIRED unless one parent holds sole legal custody:

Father/Guardian Signature Date: _____

Mother/Guardian Signature Date: _____

Office Use Only:

Application Tuition Contract CheckFree Tuition Payment Agreement Statement of Agreement & Cooperation

Movin' On Up \$500/student
 Welcome Back \$500/student

Registration Deposit Paid: _____ Balance Due: _____ Cash _____ Check #: _____ Date: _____ Initials _____

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