



Application for Reenrollment

Date _____

Student's Full Name _____
(Last) (First) (Middle)

Student's Address _____
(Street) (City) (State) (Zip)

Home Phone _____ Gender: M F

Birth Date _____ Last Grade Completed _____

Please submit this application to the school office with the appropriate application fee.

The application fee is \$175 per family. The application fee is non-refundable, but will be applied to the annual registration fee.

Your family will be contacted February 22, to complete the rest of the necessary paperwork to complete the student file. This application and the application fee will hold your child's position on the class roster and allow the school to plan effectively in advance.

Signature _____ Date _____