



2017-2018 Application for Re-Enrollment

Date _____

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

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

Home Phone _____ Gender: M F

Parent's cell phone numbers to be listed in school directory:

Birth Date _____ Grade entering 2017-2018 _____

Parent's emails to be listed in school directory:

Please submit this application to the school office with the appropriate application fee. **The application fee is \$200 per family.** The application fee will be applied to your annual registration fee.

Your family will be contacted by the office staff regarding the remaining paperwork to complete the student's file. Please return this application to the office by **Tuesday, February 28th** to allow the school to plan effectively in advance.

Signature _____ Date _____