



2021-2022 Application for Re-Enrollment

Date _____

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

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

Home Phone _____ Gender: M F

Birth Date _____ Grade entering 2021-2022 _____

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

Father: _____

Mother: _____

Parent's emails to be listed in school directory:

Father: _____

Mother: _____

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 **April 30th** to allow the school to plan effectively in advance.

Signature _____ Date _____