

Re-enrollment fee of \$535/student is due upon submission

Please complete the information below for each student by **April 1st** in order to reserve student's class space

Parent/Family Name: _____

Student 1:

Last Name: _____

First Name: _____

Will enter grade: _____ Will not attend: _____ *(If checked, please state the reason)*

Student 2:

Last Name: _____

First Name: _____

Will enter grade: _____ Will not attend: _____ *(If checked, please state the reason)*

Student 3:

Last Name: _____

First Name: _____

Will enter grade: _____ Will not attend: _____ *(If checked, please state the reason)*

Student 4:

Last Name: _____

First Name: _____

Will enter grade: _____ Will not attend: _____ *(If checked, please state the reason)*

***APPLICATION AND ENROLLMENT OR RE-ENROLLMENT FEES ARE NOT REFUNDABLE.**

FOR OFFICE USE ONLY

Payment enclosed: (\$535 x # Students)

Check: # _____ / \$ _____ Cash: \$ _____ Date Received: _____