2010-2011
RE-ENROLLMENT FORM
Re-enrollment February 1- 26, 2010
Open enrollment starts March 1, 2010

Student's Name_____ DOB_____ 2010-2011 Grade _____
Student's Name_____ DOB_____ 2010-2011 Grade _____
Student's Name_____ DOB_____ 2010-2011 Grade _____
Student's Name_____ DOB_____ 2010-2011 Grade _____
Home Address _____
City _____State_____Zip_____Phone_____

Registration fee is $150.00 per student. **If you pay by February 26th the Registration Fee will be $100.00.** The Curriculum fee is $150.00 per student. **If you pay by June 11th the Curriculum Fee will be $100.00.** Registration and Curriculum Fees are non-refundable. After June 11th, full Registration & Curriculum Fee payments of $300.00 will be required. If you do not choose to re-enroll your child now, we will not be able to guarantee a place for your child after enrollment is open to the public on March 1, 2010. Enrollment will be on a first come, first served basis.

Father's Name: _____ Mother's Name: _____
Address: _____ Address: _____
City: _____ St: ____ Zip: _____ City: _____ St: ____ Zip: _____
Home Phone: _____ Home Phone: _____
Cell Phone: _____ Cell Phone: _____
Employer: _____ Employer: _____
Occupation: _____ Occupation: _____
Work Phone: _____ Work Phone: _____
Church Affiliation: _____ Church Affiliation: _____

For School Reach Announcements:
Main Phone:_____
Main E-mail:_____

Circle all that apply: Widow Divorced Married Single
Circle who the student lives with: Father Mother Both Grandparents Other
Person responsible for bill:_____
May we place your name, address, and phone number on a list of those in need of carpooling?
Yes_____ No_____

Check all that apply for your child/children:
McKay_____ Step Up For Students_____ Financial Aid_____ Transportation_____
White Chapel Tithe Discount_____ Pastor/Missionary Discount_____

Check which payment plan you intend to use:
Full: _____ (Due June 11, 2010) **Semester:** _____ (Due June 11, 2010 and December 3, 2010)
10 months: _____ (July through April with FACTS) **11 months**: _____ (July through May with FACTS)

My child _____ will not returning for the next school year.
Name Grade
Reason _____

Parent/Guardian Signature _____ Date _____

For Office Use:
Date Received: _____ *Fee Received:* _____*Signature:* _____