



REENROLLMENT FORM

THIS FORM MUST BE RETURNED TO SECURE A SEAT FOR YOUR CHILD(REN) IN THE ACADEMY FOR THE FALL OF 2020

YES! My child/children WILL be returning:

List each child

1.	4.
2.	5.
3.	6.

NEW SIBLING ENROLLMENT:

Name: _____ Grade for Fall: _____

New Student Enrollment form needs to be submitted (if not already submitted) - - this form can be picked up from the school office or sent home with your student.

Parent Signature: _____ Date: _____

Is the student's parent or guardian currently on active duty for any branch of the military?

Yes

No

If so, which branch:

MEDICAL HISTORY

List severe allergies (i.e., peanut allergy, etc.):

List medical concerns which require a medical action plan (Chronic health concerns such as diabetes, asthma, epilepsy, etc.):

List medications/treatments:

Doctor's Name:

DECLINING: My child/children WILL NOT be returning:

1.	4.
2.	5.
3.	6.

Parent Signature: _____ Date: _____

Reason for Decline: _____

FOR OFFICE USE ONLY (Initial complete, NA if not applicable) <input type="checkbox"/> Health Appraisal <input type="checkbox"/> Immunizations Record or Waiver <input type="checkbox"/> Student Residency Questionnaire <input type="checkbox"/> Free & Reduced Meals Application <input type="checkbox"/> Household Information Survey <input type="checkbox"/> Photograph & Publicity Release Form <input type="checkbox"/> Network & Internet Acceptable Use Agreement <input type="checkbox"/> Authorization for Administering Medication/Treatment	<input type="checkbox"/> Medical Action Plan <input type="checkbox"/> Handbook Acknowledgement <input type="checkbox"/> Concussion Information Acknowledgement <input type="checkbox"/> Directory Information Opt-out Form <input type="checkbox"/> PPO/Custody Papers/Other Court Documents <input type="checkbox"/> Emergency Contact Card
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PLEASE RETURN COMPLETED FORM BY MARCH 16, 2020