

REENROLLMENT FORM

THIS FORM MUST BE RETURNED TO GUARANTEE YOUR CHILD'S RETURN TO THE ACADEMY IN
THE FALL OF 2021

YES! My child/children **WILL** be returning:

List each child

Check one box per student

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

NEW SIBLING ENROLLMENT:

Name: _____ Grade for Fall: _____

New Student Enrollment form must be attached to this form (if not already submitted)

Parent Signature: _____ Date: _____

DECLINING: My child/children **WILL NOT** be returning:

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

Parent Signature: _____ Date: _____

Reason for Decline: _____
