



STUDENT RE-ENROLLMENT FORM

SCHOOL YEAR _____

This application is for students presently enrolled who desire to return for the _____ academic year. The registration fee of _____ must accompany application and is not refundable.

All students re-enrolling must have all fee's paid by the 15 day of school or enrollment will be canceled and a notice of record release will be sent to the local Board of Education.

Date _____ Grade _____ Gender _____

Student Name _____

Date of Birth _____ Telephone # _____

Address _____

City _____ State _____ Zip _____

Parent/Guardian _____

Father _____ Home Phone # _____

Address _____

City _____ State _____ Zip _____

Employer _____ Work Phone # _____

E-mail _____ Cell Phone # _____

Mother _____ Home Phone # _____

Address _____

City _____ State _____ Zip _____

Employer _____ Work Phone # _____

E-mail _____ Cell Phone # _____

If any other information or situations have changed please indicate in the space below or on the back.

Signature of Parent or Guardian _____

Our commitment is to work with the home but not to assume responsibilities that rightfully belong to parents. Thank you for reaffirming your confidence in the Dadeville Christian Academy.