

Application for Re-Enrollment

To be used for current students only

FACTS Account Holder Last Name: _____ Date: _____

Student's Name: _____ PS PK a.m. PK p.m. K-1/2 K-full 1 2 3 4 5 6 7 8

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If Extended Care Needed (Circle days needed): Full-Day M T W Th F Half-Day M T W Th F

Father / Guardian Information

Name: (Mr./Dr.) _____

Address: _____

City: _____ Zip: _____

Home Phone: _____ Work: _____

Cell Phone: _____

Employer: _____

E-Mail Address: _____

Marital Status: Married Single Separated Divorced Widowed

Mother Information

Name: (Mr./Mrs./Ms.) _____

Address: _____

City: _____ Zip: _____

Home Phone: _____ Work: _____

Cell Phone: _____

Employer: _____

E-Mail Address: _____

Marital Status: Married Single Separated Divorced Widowed

If parents are separated or divorced, who has legal custody of student? _____

Student Lives with: _____ Both Parents _____ Mother Only _____ Father Only

_____ Mother and Stepfather _____ Father and Stepmother _____ Father and Stepmother

_____ Grandparent/s _____ Legal Guardian/s _____ Foster Parent/s

Emergency/Medical Information

Please state if any medical/allergy/emergency contact information has to change: _____

Children entering kindergarten must have reached the age of five on or before September 1st of the school year in which he/she will be enrolled. Exceptions to this policy must be approved by the Administrator.

As parent or guardian, I agree to place all discipline under the jurisdiction of the school's administration and cooperate with the school's policies as outlined in the Parent Handbook. (The Parent Handbook is available at www.medinahchristian.org).

The registration fee is nonrefundable.

Date _____ Signature _____

(Parent or Guardian)

Office Use Only:

Date: _____ Check #/Amount: _____ RenWeb: _____ Excel: _____ FACTS: _____