



For Office Use Only:

Date Received: \_\_\_\_\_

2024-25 Current: \_\_\_\_\_

Fee Attached: \_\_\_\_\_

## Re-enrollment Form (2025/2026)

**Registration fee will be billed in March 2025** (if form is returned by 2/28/25).  
**2024-2025 tuition must be current to re-enroll.** Billing for 2025-2026 begins in July with fees. The first tuition payment is due by 8/15/2025.

### STUDENT INFORMATION:

Name

Birth Date

Grade (2025-2026)

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Student Address:

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This address is in the \_\_\_\_\_ School District, and my child(ren) would

(Name of School District)

attend \_\_\_\_\_ if they were in a public school.

(Name of Elementary School)

Best phone number for contact during the day: \_\_\_\_\_

Invoices will be emailed to you.

Best e-mail address: \_\_\_\_\_

\_\_\_\_\_  
Parent Name

Date: \_\_\_\_\_

*Please complete both sides of this form.*



**Are there any changes to your student's medical information? If yes, please complete section below:**

**Medical Information**

Known Allergies to medication, foods or substances: \_\_\_\_\_

\_\_\_\_\_

Known Medical Conditions and/or Medications taken: \_\_\_\_\_

\_\_\_\_\_

Student's Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance: \_\_\_\_\_ Policy: \_\_\_\_\_

Student's Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

*\*A new Medication Consent Form needs to be completed each year for student's requiring medications, as authorized by a physician, during the school day. If you need a copy of the Medication Consent Form for the next school year, please contact the office.*

**Are there any changes to your student's transportation information? If yes, please complete section below:**

**Transportation Information:**

The following people have my permission to pick my child up from school:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

*Please complete both sides of this form.*