



For Office Use Only:

Date Received: _____

2025-26 Current: _____

Fee Attached: _____

Re-enrollment Form (2026/2027)

**Registration fee will be billed in March 2026 (if form is returned by 2/27/26).
2025-2026 tuition must be current to re-enroll. Billing for 2026-2027 begins in
July with fees. The first tuition payment is due by 8/15/2026.**

STUDENT INFORMATION:

Name

Birth Date

Grade (2026-2027)

Student Address:

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: _____