



# 2024-2025 Re-Enrollment

## Student Information

Last Name:

First Name:

Middle:

Student Date of Birth:

2024-2025 Grade:

## Parent / Guardian Information

\_\_\_\_\_ This is my current address, and I have not moved in the last year. (Check)

First Name:

Last Name:

Street Address:

City:

State:

Zip Code:

Cell Phone:

Home Phone:

Other:

Employer:

Work Phone:

E-mail:

Relationship to the student:

\_\_\_\_\_ This is my current address, and I have not moved in the last year. (Check)

First Name:

Last Name:

Street Address:

City:

State:

Zip Code:

Cell Phone:

Home Phone:

Other:

Employer:

Work Phone:

E-mail:

Relationship to the student:

**Returning Student?** (check one)

**Yes:**

**No:**

**If returning**, does the student emergency medical information need to be updated?

**Yes:**

**No:**

If you are **Not Returning**, please state the reason why:

## Emergency Contact

**I agree my child may be physically released only to the following person(s). These person(s) may also be called in an emergency. Proof of identification, in the form of a picture ID, is required when picking up the child(ren). Changes of any release/ contact selections must be received in written form.**

Name:

Street Address:

City:

Cell Phone:	
Name:	
Street Address:	
City:	
Cell Phone:	
<b><i>The following individual(s) may not remove my child from school:</i></b>	
Name:	
Name	
Name:	
<b><i>Appropriate legal documents (custody papers, restraint) are on file at the school: Yes No (please circle one)</i></b>	
<b><i>Parent / Guardian Signatures</i></b>	
Signature of parent / guardian:	Date:
Signature of parent / guardian:	Date: