



# 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: