



RE-ENROLLMENT FORM

THIS FORM MUST BE RETURNED BY *JANUARY 31, 2026* TO GUARANTEE YOUR CHILD'S SEAT FOR THE UPCOMING **2026-2027** SCHOOL YEAR

YES! My child/children **WILL** be returning:

List each child

1.	4.
2.	5.
3.	6.

NEW SIBLING ENROLLMENT: YES / NO

Name: _____ Last Grade Completed: _____
(Please complete the enclosed Enrollment Application form or contact the Admissions Office)

Parent Signature: _____ Date: _____

DECLINING: My child/children **WILL NOT** be returning:

1.	4.
2.	5.
3.	6.

Parent Signature: _____ Date: _____

Reason for Decline: _____