

Calvary Christian School

RE-ENROLLMENT FORM

FOR OFFICE USE ONLY:

Payment For:

Date: _____

Check / Cash: _____

Amount \$ _____

Initials _____

Please note: Send in your re-enrollment form by **June 30th** and we will waive the re-enrollment fee. All forms submitted after June 30th must pay the re-enrollment fee of \$30.00

PLEASE PRINT (This form will become part of the permanent record.)

Today's Date: _____ Enrollment for School Year _____

Home Address:

Street: _____

City: _____ State: _____ Zip Code _____

Parent/Guardian Teaching Child/ren

Contact #

1) Last Name _____ Home: _____

First Name _____ Cell: _____

Employer _____ Work: _____

E-mail: _____

Spouse

Contact #

2) Last Name _____ Home: _____

First Name _____ Cell: _____

Employer _____ Work: _____

E-mail: _____

Church now attending _____ Phone _____

How do you prefer to be contacted? (Circle One) Phone Email Both

Already Enrolled

Other School-Age Children: Please list any other children who are already enrolled in Calvary Christian School so we can make sure our records are correct for all your children.

Student's Name	Age	Grade Entering	Birth Date MM/DD/YY	M/F	Social Security #	ACSI Dues
						\$10.00
List Curriculum Being Used						

Student's Name	Age	Grade Entering	Birth Date MM/DD/YY	M/F	Social Security #	ACSI Dues
						\$10.00
List Curriculum Being Used						

Additional Student Information On The Back

Additional Student(s) Information

Student's Name	Age	Grade Entering	Birth Date MM/DD/YY	M/F	Social Security #	ACSI Dues
						\$10.00
List Curriculum Being Used						

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List Curriculum Being Used						

Student(s) that Needs to Enroll

Children to be Enrolled Today: Please list the names of your child/ren being enrolled today. You will need to fill out a church school enrollment form, and a student registration form.

Student's Name	Age	Grade Entering	Birth Date MM/DD/YY	M/F	Social Security #	ACSI Dues
						\$10.00
List Curriculum Being Used						

Student's Name	Age	Grade Entering	Birth Date MM/DD/YY	M/F	Social Security #	ACSI Dues
						\$10.00
List Curriculum Being Used						

Student(s) that Needs to Withdraw

If you will not be using our services next school year, please fill in the student's name and write **WITHDRAW** on the **GRADE ENTERING** line and return this form to our office with your final report card form.

Student's Name	Age	Grade	Birth Date MM/DD/YY	M/F	Social Security #	Withdrawal Date

I agree to all the enrollment requirements and I certify that the information given on these form is complete and accurate.

AGREEMENT TO PAY: The undersigned accepts the fee charged as lawful debt and promises to pay said fee including the cost of collection, attorney fees, and court costs if such be necessary, waving now and forever the right to claim exemption under the constitution and laws of the state of Alabama, or any other state.

SIGNATURE OF BOTH PARENTS OR GUARDIANS who is re-enrolling student/s

DATE

DATE

Please check method of payment.

- Cash**
- Check #** _____
- Money Order #** _____

\$30 Re-Enrollment Fee (Form received after June 30)

\$150 for Family Tuition

\$10 X ___ number of Student(s) Enrolled

Other _____

Make Checks out to CCS

Total Amount of Due

Total Amount of Payment