



STUDENT RE-ENROLLEMENT APPLICATION FORM

_____ My child **will** be returning for the _____ school year.

_____ My child **will not** be returning for the _____ school year.

STUDENT INFORMATION

Student's Name: _____

Grade Entering: K 1 2 3 4 5 6 7 8 (circle one)

FAMILY INFORMATION

Parent/Guardian Full Name: _____

Current Address: _____

City: _____ State: _____ ZipCode: _____

Home Phone:(_____) _____ Cell Phone:(_____) _____

Email: _____

Parent Signature: _____ **Date:** _____

Please return this form with your non-refundable \$100.00 registration fee per student to Christ Lutheran School

For office use only:

Date of receipt of application and fee: _____

Check #: _____