



STUDENT RE-ENROLLMENT 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: _____

Date of Birth: _____

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

FAMILY INFORMATION

Parent/Guardian Full Name: _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

Main 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 if returning.

For office use only:
Date of receipt of application and fee: _____ Check #: _____