



INTERNATIONAL Student Re-enrollment Information for the _____ School Session



PLEASE ALL UPDATE INFORMATION

If you want your child to receive school correspondence directly, please provide his/her email and cell number.

Student Name: _____	Date of Birth: _____	Grade for this school year _____.
Email: _____	Cell phone: _____.	
Student Name: _____	Date of Birth: _____	Grade for this school year _____.
Email: _____	Cell phone: _____.	

International Agency (if used) _____ Phone _____
Address _____

	Father	Mother
Parents' Names: _____	_____	_____
Address: _____	_____	_____
Home Phone: _____	_____	_____
Work Phone: _____	_____	_____
Cell Phone: _____	_____	_____
E-mail address: _____	_____	_____

Please check all that apply:

- Yes, please **re-enroll** my child for the _____ school year.
- My plans are **indefinite** at this time. (see fees below)
- I do **not** plan to re-enroll my child for the _____ school year for the following reason:

Not returning to the USA
 Transferring to another school
 Financial situation changed

Other _____

Signatures _____

A nonrefundable \$100 re-enrollment fee per family is due by March 31.

From April 1 or after, the fee is \$200.

This form is not a guarantee of a seat reserved for _____, for the above listed child/ren until the re-enrollment fee is paid and all applicable account balances for the previous school year are paid. Families with unpaid balances will be put on a wait list for each grade applied for.

OFFICE USE ONLY

Date of Application _____ Fee Paid _____