

REENROLLMENT FORM

THIS FORM MUST BE RETURNED TO GUARANTEE YOUR CHILD'S RETURN TO THE ACADEMY IN
THE SCHOOL YEAR 2023-2024

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

List each child

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

NEW SIBLING ENROLLMENT:

Name: _____ Grade for Fall: _____

New Student Enrollment form must be attached to this form (if not already submitted)

Is the student's parent or guardian currently on active duty for any branch of the military?

Yes

No If so, which branch:

I give permission for my student to participate in Virtual Learning Program / Virtual Learning Day in event of inclement weather or building closure

Yes

No

Parent Signature: _____ Date: _____

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

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

Parent Signature: _____ Date: _____

Reason for Decline: _____

FOR OFFICE USE ONLY (Initial complete, NA if not applicable) <input type="checkbox"/> Health Appraisal <input type="checkbox"/> Immunizations Record or Waiver <input type="checkbox"/> Student Residency Questionnaire <input type="checkbox"/> Free & Reduced Meals Application <input type="checkbox"/> Household Information Survey <input type="checkbox"/> Photograph & Publicity Release Form <input type="checkbox"/> Network & Internet Acceptable Use Agreement <input type="checkbox"/> Authorization for Administering Medication/Treatment	<input type="checkbox"/> Medical Action Plan <input type="checkbox"/> Handbook Acknowledgement <input type="checkbox"/> Concussion Information Acknowledgement <input type="checkbox"/> Directory Information Opt-out Form <input type="checkbox"/> PPO/Custody Papers/Other Court Documents <input type="checkbox"/> Emergency Contact Card
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