

Sinai Christian Academy Re-Enrollment Form for _____ School Year

Please check the box next to the appropriate statement, complete the lower portion of the document, and return to the school office immediately with registration fees if applicable.

_____ I am re-enrolling the following child(ren) for the _____ school year. The registration fees in the amount of _____ are enclosed.

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

_____ I am re-enrolling the following child(ren) for the _____ school year. The registration fees in the amount of _____ will be paid by March 1, 20_____.

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

_____ I am not re-enrolling the following child(ren) for the _____ school year, and will inform SCA of the school they will be attending and complete Transfer Cards in the office by June 1, 20_____ so that their records can be forwarded.

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Parent's Name: _____ Phone: _____

Parent's Signature: _____ Date: _____