



# Student Re-Enrollment Registration Form

Today's Date: \_\_\_\_\_

Actual School Enrollment Date: \_\_\_\_\_

Student First Name: \_\_\_\_\_ Student Middle Name: \_\_\_\_\_

Student Last Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Grade Level: \_\_\_\_\_

Previous School (location): \_\_\_\_\_

*I verify that I reviewed previous Registration Form and found no need to make any changes to information provided on that form. (If changes are necessary, please complete a new Registration Form.)*

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date