



## Re-Enrollment Application 2018-2019

### Parent Demographic

Full Name:

\_\_\_\_\_

*Last*

*M. I.*

*First*

Address:

\_\_\_\_\_

*Street Address*

*Apartment/Unit #*

\_\_\_\_\_

*City*

*State*

*ZIP Code*

Home Phone:

( ) \_\_\_\_\_

Name:

\_\_\_\_\_

Cell #:

( ) \_\_\_\_\_

Name:

\_\_\_\_\_

Cell #:

( ) \_\_\_\_\_

Name:

\_\_\_\_\_

Job#:

( ) \_\_\_\_\_

Name:

\_\_\_\_\_

Job Name:

Best Time to Call:

Best Number to Call:

Who is responsible for

Tuition?

Should correspondences be sent to you? (Select one) Yes  No

*If not, who else should receive correspondences (name, address, email and relationship to student):*

How would you like to receive correspondence from the school? Email  USPS

I am committed to Solicit Donations for the Floating Axe Scholarship Fund. Yes  No

### Student Demographic

Student Name: \_\_\_\_\_

Student Email: \_\_\_\_\_

Student Cell # \_\_\_\_\_ Grade Entering: \_\_\_\_\_

Name of 2017/2018 School: \_\_\_\_\_