

2024-2025
ENROLLMENT APPLICATION



\$75 Application Fee Non-Refundable

Date application received: _____

Child's Full Name: _____

Child's Birth Date: _____ Age as of September 1, 2024 _____

Grade: _____ Days Attending _____ Full/ Half Days _____

Parent Full Name: _____ Cellphone: _____

Home Phone: _____ Email: _____

Occupation: _____

Home Address: _____

City/State: _____ Zip Code: _____

Parent Full Name: _____ Cellphone: _____

Home Phone: _____ Email: _____

Occupation: _____

Home Address: _____

City/State: _____ Zip Code: _____

Grandparents Name(s) if involved in school activities:

Name(s): _____

E-mail: _____

Phone number(s): _____

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