## **APPLICATION FOR RE-ENROLLMENT**



Date				
This application is for stud academic year. The registratefundable.				
Thank you for reaffirming y biblical education for your c responsibilities that rightfully the same family are expecte for any exceptions with your	hild(ren). Ou belong to p d to attend t children.	r commitment is parents. Because the school. Pleas	s to work with the ho e of our ministry to ho	me but not to assume omes, all children from f form) an explanation
Name				
Home Address				
Father's Cell Phone				
Father's Work Phone	Mother's	s Work Phone _		
Emergency Contact Phone				
Age Grade Birth	Date	Birthplace _		
Church Attend Regularly 🗌 Yes 🗌 No				O
Pastor Phone				
Names of other children in fa	amily			
Name	Gender	Age	Name	Gender Age
"I understand that the school "I hereby commit to assume in "I understand that my child is from the educational facility, child at properly supervised so "I agree to uphold and support child to study and by encoura" I appreciate the standards of the Godhead or the Word of published in the school hand deems wise and expedient fo "I understand that the school with established regulations and "I have read the school hands stated on this application."	program is an ingular sequence of the program is an ingular sequence of the program is an ingular sequence of the school and and a god, or disresplated in the aperthe training of the screen was a significant to the school and a sequence of the scho	ntegral part of child ponsibility for finan- ike part in school as the school from lial demic standards of n the completion of will not tolerate popect to the staff of to pect to the staff of to poplicant's behalf and my child.	cial support of the school. activities, including P.E. and billity to me or my child be the school by providing a f any homework or assigning a fany homework or assigning a fany homework or assigning the school. I hereby agreed authorize the school to conference, to dismiss any classume their responsibilities.	pected to support.  If sponsored trips away ecause of injury to my ecause of injury to my ments.  or action, dishonor to to support regulations employ discipline as it hild who fails to comply so to the school.
Signature of Fa	ther		Date	
Signature of Mo		Date	 Date	