



Calvary Chapel Academy

175 Market Street, P. O. Box 409, Rockland, MA 02370 / (781) 871-1043

For office use only

Date received _____

Amount \$ _____

Fee: chk# _____ Cash _____

Student Re-Enrollment for 2018-2019

Today's Date _____

Student Name: _____
First Middle Last

PLEASE CIRCLE ONE IF ENTERING KINDERGARTEN: **M/W/F** **5 Days**

Father/Guardian: _____
First Middle Last

Cell Phone: _____ Work Phone: _____ ext. _____

Email Address: _____

Mother: _____
First Middle Last

Cell Phone: _____ Work Phone: _____ ext. _____

Email Address: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone # (_____) _____

Please enclose the \$75 re-enrollment fee if before March 31st (\$100 re-enrollment fee if after March 31st).

Father's/Guardian's signature _____

Mother's signature _____