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 2019-2020

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 29th ($100 re-enrollment fee if after March 29th).

Father's/Guardian's signature_____

Mother's signature_____