



Calvary Chapel Academy

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

Date: _____

For Office Use Only:

Date received: _____

Amount: _____

Fee: Ck # _____ Cash _____

Student Re-Enrollment for 2024-2025

Student Name: _____
First Middle Last

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

Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: (_____) _____

Father/Guardian: _____
First Middle Last

Cell Phone: _____ Work Phone: _____ Ext: _____

Email Address: _____

Mother/Guardian: _____
First Middle Last

Cell Phone: _____ Work Phone: _____ Ext: _____

Email Address: _____

The re-enrollment fee for payments made prior to March 31, 2024, is \$75.00. The re-enrollment fee for payments made after March 31, 2024, is \$100.00. Please include the re-enrollment fee with this form. Thank you.

Father's/Guardian's Signature: _____

Mother's/Guardian's Signature: _____