

PANSOPHIA ACADEMY

Re-Enrollment Form

2018-2019

Please read the following statements. Check those that apply to your situation, sign and return to the office by **Friday, March 23, 2018**. If you have any siblings you wish to enroll at Pansophia Academy for next fall, please mark the appropriate space. **This form is not valid without a parent signature at the bottom of the page. Enrollment is limited; reserve your spot today. Students that do not re-enroll will be wait listed.**

***One returning student per re-enrollment form**

_____ My child **will** return to Pansophia Academy for the 2018-2019 school year.

Student Name: *(First, middle, last)*

Grade (2018-19)

_____ My child **will not** be returning to Pansophia Academy for the 2018-2019 school year.

Student Name: *(First, middle, last)*

Grade (2018-19)

Reason(s) my student will not be returning:

Academics Sports Transportation Other: _____

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New Sibling Enrollment

___ I would like to enroll the following, new siblings, at Pansophia Academy for the 2018-2019 school year.

New student (siblings) to be enrolled:

Student Name: *(First, middle, last)*

Grade (2018-19)

Age

Address: Street, City, State, Zip

Parent Signature:
