



Re-enrollment form

I wish to re-enroll for (check one): Fall    Spring    Summer    Academic Year: I wish to enroll in (check one): Kindergarten , First grade , Second grade, Third grade, fourth grade, fifth grade

Student ID (PID or Ohio Id): Date of Birth (mo/day): / \_\_\_\_\_

Name: \_\_\_\_\_

Last First Middle Previous Name (if changed since last enrollment): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: (    ) \_\_\_\_\_

Email: \_\_\_\_\_

Home Address: \_\_\_\_\_ (check if same as mailing address) (    ) \_\_\_\_\_

Mom Cell Phone numbers: ( \_\_\_\_\_ ) (Phone carrier \_\_\_\_\_)

Dad Cell Phone number :( \_\_\_\_\_ ) (Phone carriers \_\_\_\_\_)

Email Address (used only for communication regarding this form): Have you attended another school since your last enrollment? Yes    No Name of School: \_\_\_\_\_ Attendance Dates \_\_\_\_\_

Emergency Contact Information Name: \_\_\_\_\_

Relationship: Address: Primary Phone: (Required) \_\_\_\_\_

YES\_\_\_ NO\_\_\_ Statement of Integrity: I certify that the information contained within this form is complete and accurate, and I understand that submission of inaccurate information is sufficient cause for terminating my enrollment. Additionally, at all times, during the re-enrollment process or as a student, I am required to notify SE Academy of unpaid tuition and Legal Affairs of any charge will be sent to collection. If you are on a monthly payment plan all fees are due before any records are able to be release.

X Student Signature \_\_\_\_\_ (Required) Date \_\_\_\_\_