

WINTER PARK CHRISTIAN SCHOOL



RE-ENROLLMENT FORM

FAMILY (LAST) NAME: _____

STUDENT 1 NAME/GRADE: _____

STUDENT 2 NAME/GRADE: _____

STUDENT 3 NAME/GRADE: _____

STUDENT 4 NAME/GRADE: _____

CONTACT INFO:

MAILING ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

CHECK ONE:

I WISH TO ENROLL MY STUDENTS FOR THE 2019/20
SCHOOL YEAR

I DO NOT WISH TO ENROLL MY STUDENTS FOR THE
2019/20 SCHOOL YEAR

\$25 DISCOUNTED RE-ENROLLMENT FEE PER FAMILY. PLEASE
ATTACH CHECK TO RE-ENROLLMENT FORM OR RETURN TO
SCHOOL BY APRIL 25, 2019.