

Re-enrolling Student Application 2008

Office Use Only

Capo Beach Calvary Schools

Date _____
Payment _____
Check # _____
F/A Recvd _____

• **\$300** per student if paid before 2/29/08 • **\$375** if paid from 3/1-3/31/08 • **\$450** if paid after 4/01/08

• **Non refundable** re-enrollment fee must accompany this form

• Enrollment opens to the public on March 1, 2008

• Fee includes classroom materials, student accident insurance, annual Stanford Achievement Testing, and computer lab fee

• Non refundable fee indicates parent's commitment to reserving placement for the following school year.

Student Name _____ Grade Entering _____

Current Address _____ city _____ zip _____

Phone _____ Birthdate ____/____/____ Current Age _____ Male Female

Student currently resides with: Both parents **OR** Mother Father Guardian

If separated or divorced, who has legal custody? Mother Father Both/Joint Guardian

Father's Name _____

Employer's Name _____ Occupation _____

wk# _____ cell# _____ email _____

Mother's Name _____

Employer's Name _____ Occupation _____

wk# _____ cell# _____ email _____

Guardian's Name _____

Employer's Name _____ Occupation _____

wk# _____ cell# _____ email _____

May we print your name and phone number in the CBCS telephone directory? Yes No

1. **Activities:** I give permission for my child to take part in all school activities, including sports and school sponsored trips that are away from the school premises, and absolve the school from liability to me or my child because of any injury to my child at the school or during any school activity.
2. **Conduct:** I understand that the standards of CBCS do not allow for profanity, obscenity in word or action, dishonor to the Holy Trinity and the Word of God, or disrespect to the personnel of the school.
3. **Mandatory Financial Agreement** must be returned in order to process re-enrollment for your student.
4. We have read this agreement carefully and hereby agree to its terms.

Parent/Guardian Signature

date