

**APPLICATION FOR RE-ENROLLMENT
2016-2017 School Year**

Mountainside Christian Academy
165 US Route 9 Schroon Lake, NY 12870

One Application for Re-Enrollment form needs to be completed for each family and should be returned to the **school office** before the end of this month. The form should include the name of each student in Grades PK-12 who are presently enrolled in Mountainside Christian Academy and desires to re-enroll for the 2016-2017 school year. A Student Application needs to be filled out for new students.

The non-refundable registration fee of **\$30** per student will be included in the March billing and should be included in the monthly tuition payment. The payment of the fee is due by **March 31**; after this date, the charge for re-enrollment will increase to \$60 per student.

Please note that all outstanding balances on your account must be made current to re-enroll your student for the next school year. If you have any questions or concerns, please contact Mrs. Sabatini.

FAMILY NAME: _____

STUDENTS:

1. _____ Grade for Next School Year: _____

2. _____ Grade for Next School Year: _____

3. _____ Grade for Next School Year: _____

4. _____ Grade for Next School Year: _____

5. _____ Grade for Next School Year: _____

6. _____ Grade for Next School Year: _____

_____ We will not be re-enrolling for the next school year

Parent Signature

Parent Signature

Date: _____

Mountainside Christian Academy admits students of any race, color or national and ethnic origin, to all rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color or national and ethnic origin, in the administration of its educational policies and athletic and other school-administered programs.

Office Use Only: Date Form Received _____ Date Payment Received _____
