

2024-2025 REENROLLMENT FORM

Christian Family Academy

This form is used to reenroll students who attended CFA in the 2023-2024 school year.
New students must complete an Application for Admission.

Please submit this form with the registration fee(s) and Parent Statement of Agreement.

FATHER/LEGAL GUARDIAN

Last Name: _____	First Name: _____	Title: _____
Address: _____	Home Phone: _____	
City: _____	State: _____	Zip Code: _____
E-mail: _____	Cell Phone: _____	
Employer: _____	Work Phone: _____	Ext: _____

MOTHER/LEGAL GUARDIAN

Last Name: _____	First Name: _____	Title: _____
Address: _____	Home Phone: _____	
City: _____	State: _____	Zip Code: _____
E-mail: _____	Cell Phone: _____	
Employer: _____	Work Phone: _____	Ext: _____

STUDENT(S) INFORMATION

1st Child	Last Name: _____	First Name: _____	MI: _____
	Grade Entering: _____	Date of Birth: _____	Sex: _____
2nd Child	Last Name: _____	First Name: _____	MI: _____
	Grade Entering: _____	Date of Birth: _____	Sex: _____
3rd Child	Last Name: _____	First Name: _____	MI: _____
	Grade Entering: _____	Date of Birth: _____	Sex: _____
4th Child	Last Name: _____	First Name: _____	MI: _____
	Grade Entering: _____	Date of Birth: _____	Sex: _____

Church Your Family Attends: _____ City: _____

Parent Signature: _____ Date: _____

The registration fee(s) and Parent Statement of Agreement must be submitted with this re-enrollment form.

YES NO I give permission to allow my child's picture to be on the school website and social media.

YES NO I have more than one child applying for admissions and would like to apply for the Multiple Child Scholarship.

FOR OFFICE USE ONLY

Date re-enrollment form & registration fee received: _____ Amount: \$ _____

Check #: _____ Cash: _____ Received by: _____