

# 2025-2026 REENROLLMENT FORM

## Christian Family Academy

This form is used to reenroll students who attended CFA in the 2024-2025 school year.  
New students must complete an Application for Admission.

### 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

<b>1<sup>st</sup> Child</b>	Last Name: _____	First Name: _____	MI: _____
	Grade Entering: _____	Date of Birth: _____	Sex: _____
<b>2<sup>nd</sup> Child</b>	Last Name: _____	First Name: _____	MI: _____
	Grade Entering: _____	Date of Birth: _____	Sex: _____
<b>3<sup>rd</sup> Child</b>	Last Name: _____	First Name: _____	MI: _____
	Grade Entering: _____	Date of Birth: _____	Sex: _____
<b>4<sup>th</sup> Child</b>	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.

### FOR OFFICE USE ONLY

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

Check #: \_\_\_\_\_ Cash: \_\_\_\_\_ Received by: \_\_\_\_\_