



APPLICATION FOR RE-ENROLLMENT (2022-2023)
(Please Print Legibly)

RE-ENROLLING STUDENT:			GRADE:	BIRTHDAY:	FULL-TIME EXTENDED CARE:
First	Middle	Last	2022-2023		(Please check and attach the Extended Care Form)
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Father's Name: _____ **Cell Phone:** _____

Home Phone: _____ **Email Address:** _____ (New? Y or N)

Home Address: _____
Street City Zip

Employed By: _____ **Work Phone:** _____

Church Affiliation: _____ **Pastor's Name:** _____

Mother's Name: _____ **Cell Phone:** _____

Home Phone: _____ **Email Address:** _____ (New? Y or N)

Home Address: _____
Street City Zip

Employed By: _____ **Work Phone:** _____

Church Affiliation: _____ **Pastor's Name:** _____

I will pay on the 12-month plan (July-June): _____ **I will pay on the 10-month plan (August-May):** _____

RE-ENROLLMENT FEE (Non-Refundable)	
K3-12 th Grade	\$175.00 - per student (if paid by May 31, 2022)
K3-12 th Grade	\$200.00 - per student (if paid after May 31, 2022)

Please understand that a place for your child(ren) will not be held until the re-enrollment fee is received.
Please request a Full Registration Form if any prior information has changed (e.g. Emergency Contact names/phone numbers, Insurance, Allergies/Disabilities, Medications, Doctor/Dentist, Authorization for use of Pictures, etc.).
All families must enroll with FACTS. Visit fscspatriots.org to enroll with FACTS.

OFFICE USE ONLY
Date Received: _____
Amount Paid: \$ _____
Check #: _____
Cash: _____
Initials: _____
All Forms Received: _____