

Re-Enrollment Application

Academic Year 2024/25



**KEYSTONE
ACADEMY**
A Private Christian School

Student Information

Last name: _____
First & middle name: _____
Street address: _____
City, ST Zip: _____
Phone:(Cell): _____ (Home): _____
Receive Texts? _____

Please complete the above with current information and attach a check for re-enrollment fees (New students in returning families must complete a yellow enrollment form under new student form tab).

Re-enrolling for Grade level: _____ Regular _____ Distance _____ Traditional Schedule: Sept—June
Re-Enrollment Fees (per student): _____ Year Round Schedule: July—June (must be completed by June 19)
Until June 20 \$20.00
After June 20 \$30.00
After August 31 \$40.00
Email Address _____ HSLDA number _____ Exp. Date _____

Enrollment Request and Agreement

I/We request enrollment of the student named above in the Private Satellite Program of Keystone Academy. I/We have read and agree to abide by the policies and procedures of Keystone Academy. By typing your name here as you would sign it, you are acknowledging and agreeing to the terms listed above.

Signature of Father, Step-father, Guardian (circle one) _____ Date _____ Signature of Mother, Stepmother, Guardian (circle one) _____ Date _____

Keystone requires the signature of each parent to complete this form.

Please list on separate sheet to note any changes in family status (marital, address, employment, emergency, etc.)

For Office Use Only

Check amount _____ Check Number _____ Check Date _____ Balance Due _____
Initials _____ Date Forms Issued _____ Computer Entry _____ Pay Pal _____

Form #1005 4/15