

# 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