



MAIN STREET SCHOOL RE-ENROLLMENT FORM 2019-2020

Date _____

Student Information

Student's name _____ Grade Fall 2019 _____

Home address _____
Street City State Zip

Date of Birth _____

Parent/Guardian Information

1st Parent/Guardian _____
Full name Relationship

Home address _____
Street City State Zip

Phone _____ Email Address _____

Occupation _____ Employer _____

2nd Parent/Guardian _____
Full name Relationship

Home address _____
Street City State Zip

Phone _____ Email Address _____

Occupation _____ Employer _____

Student lives with _____

Signature of Parent or Guardian

Date

Signature of Parent or Guardian

Date

I have included my re-enrollment deposit of \$150. Re-enrollment deposits will be credited to the August 1, 2019 tuition payment.