

110 N. Dorcas Street Lewistown, PA 17044



Phone: 717-248-5351 Fax: 717-248-1516

A Middle States Accredited School

Re-Enrollment Application

Student Information:

Family Name: _____

Child(ren): _____ Entering Grade: _____

First Middle Last (if different)

_____ Entering Grade: _____

First Middle Last (if different)

_____ Entering Grade: _____

First Middle Last (if different)

Please complete:

Address: _____ Phone: _____

E-Mail Address: _____

Child(ren) Reside(s) With: Both Parents ___ Mother ___ Father ___ Stepparent ___ Other Relative ___

If there are special parental rights, please attach proper documentation or court order.

Sibling's name and birth date (only if new baby since last year): _____

Religion: _____ Name of current parish or church: _____

Transportation (so that we can alert counties for bussing): ****Must be completed****

My child(ren) is/are a BUS rider : AM ___ PM ___ Both ___ My child(ren) is/are a CAR rider: AM ___ PM ___ Both ___

Address for pick up and drop off: _____

***Re-enrollment application fee is \$25.00 total. This fee will be credited to the first month's tuition payment.**

Office Use: Date Received: _____ Application Fee: _____